DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04869 CERTIFICATE OF DEATH 0485 4 DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month vosephine Adkins March 4 RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER 1 YEAR IF UNOFR 24 HRS. last birthdoy) DAYS White Female April 4, 1903 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED (country) Maryland USA WIDOWED [7] DIVORCED | Wieomico 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12h, KIND OF BUSINESS OR remave carban pa burial, crematian, ar removal, and in any event, within requires that the death certificate be executed within give street oddress head State Hospital during most of working life, even if retired. Salisbury 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Wicomico YES NO Maryland Salisbury 419 Patterson Avenue 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Ouillen Elizabeth Vickers William. Anna attending physician a permit. Then please 17. INFORMANT (Husband) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Husband)
Mr. Joshua E. Adkins, Salisbury, Maryland Yes, no, or unknown) (If yes give war or dates of service) 217-03-6029 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Arteriosclerotic Heart Disease BETWEEN ONSET AND DEATH Yrs. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony which gove) Davs (b) Pneumonia rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the haspital ar attending physician. stoting the underlying couses Yrs. (d) Diabetes Mellitus PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the syshauld be filed with the State Dept, of Health priar to l 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗀 YES T 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b: TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I **certify** that (I) (this hospital) attended the deceased from 2/20/68, 19____, to 3/24/68, 19____, saw the deceased alive on 3/24/68_____19___, and that in (my) (aur) apinion death occurred an the da causes stated abave, (I) (we) (did) (did not) view the body after death. , and that in (my) (aur) apinion death occurred an the date and hour and from the 22b SIGNATURE 22c. DATE SIGNED MED. DIRECTOR March 24, 1968 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) C. Mitchell, M. D. Box 2018, Salisbury, Md. - 21801 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Senify) March 27,1968 Bates Methodist Cemetery 250. REC'D BY REGISTRAR 29 1968 REGISTRAR'S SIGNATURE AND ATEMAR 2 9 1968 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND 30M REV. 1/68

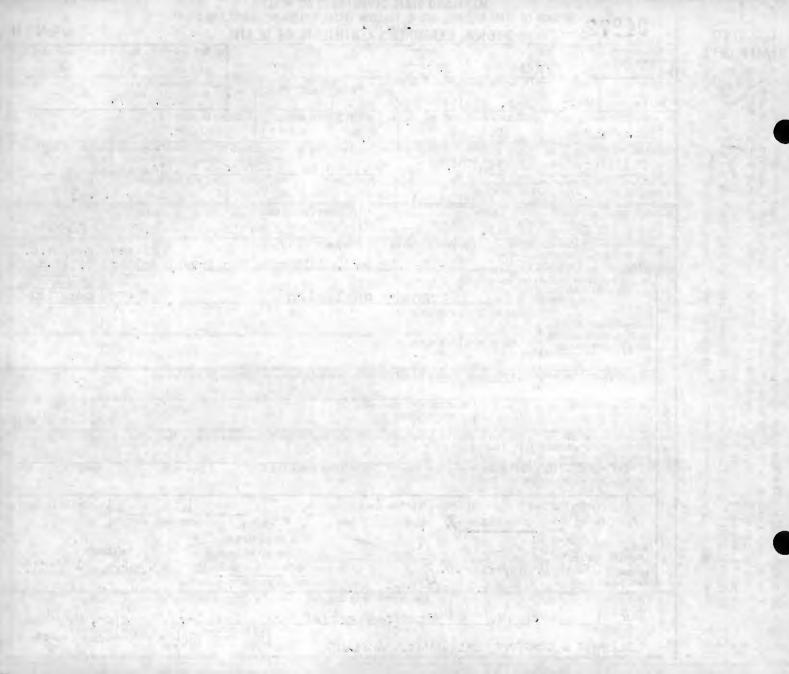
			00020	
1 Table 1 Table 1 Table 1	Hitch		W	
		A 28 *	1,1780	
er beel.		2.1		
a fill army are	full of a			
	1000		leie -	
1912 - 1911				
	× 2 1 2 0			
		100 mm		
	n e			
of ellipse IV	19 19 19 19 19 19 19 19 19 19 19 19 19 1	Charles .		34
entert, e filli	elin i.	a « ¿ ;		
16-4 April 100 B				

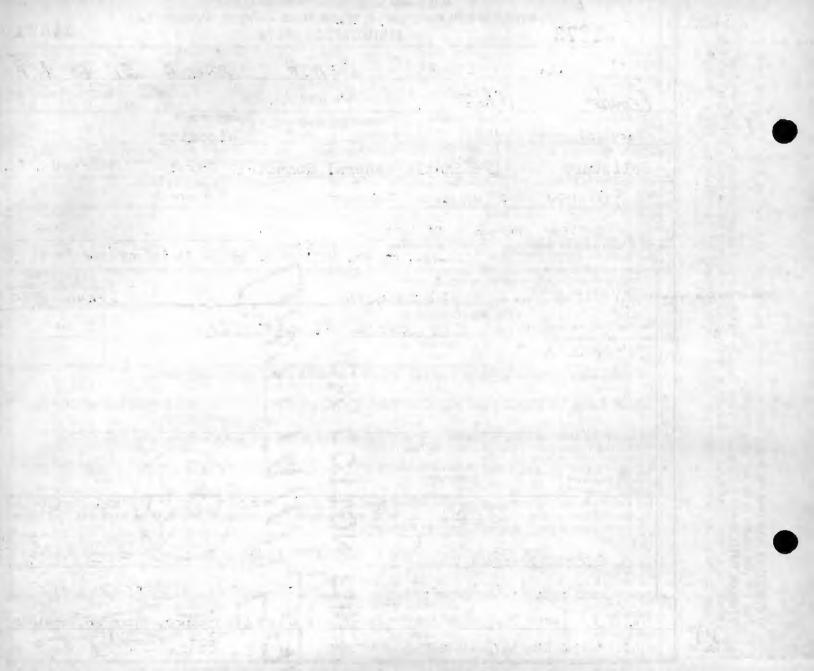
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04870 CERTIFICATE OF DEATH U4868 DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR dingth (Type or print) March 1968 ROBERT GEORGE ALLEN 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost bigthday) September 1, 1886 Colored Male lease remove carban papers. Rag and in any event, within 72 hours 24 hause 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED couply orth Carolina USA WICOMICO WIDOWED K DIVORCED campietely filled 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within dive street oddress)
Deer's Head State Hospita during most of working life, even if retired NDUSTRY Day Laborer Town of Delmar Salisbury 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Wicomico Virginia Avenue Delmar 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last Philip Allen Judy (maiden name unknown) 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, nozar unknown) (If yes give wer or dates of service) burial, cremation, or remayal, 218-20-2632 Annie M. Cornish, Delmar, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple BETWEEN ONSET AND DEATH permit. Multiple pulmonary emboli Hours DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditions, if any, which gave) Bronchopneumonia Hours rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) X Primary brain tumor **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO 🖂 Page 4 may be retained by the haspital ar of FUNERAL DIRECTOR: After this certificate directar, page 3 should be detached far us 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State City or Town While Not while of work 22a. I certify that (If (this haspital) attended the deceased from February 21, 19.68, to March 12, 19.68, that (A) (we) last saw the deceased alive an March 12, 19.68, and that in (My) (aur) apinion death occurred on the date and haur and from the causes stated abave, A) (we) (did) (akithat) view the bady after death 22h SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. Maryland 22d. PHYSICIAN'S 22e. ADDRESS Deer's Head State Hospital, Salisbury, NAME (Type) A. C. Mitchell, M. D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, (County) REMODIAL (Specifal) Delmar, Maryland, RFD J. Framptom and Son, Federalsburg, Maryland Date MAR 19 1988b. REGISTRARY SIGNATURE. March 16,1968 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

to Friendly to repleasant to the fact der Acti Conffreed nead. territoria della describility di l'estresionalità dell'estresionalità della compania della compa APPENDING THE PROPERTY OF THE PARTY. (apriles our entry privilety) when Sendent (resting to payon in things , Restall and SHIP TO THE PROPERTY OF THE PARTY OF THE PAR contains and show such the ac-The state of the s The state of the s

and the statement of the and the second second second The state of the second of the the state of the s Section 1 along the THE REPORT OF THE PARTY OF THE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4487 W MEDICAL EXAMINER'S CÉRTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month Dov Yeor (Type or Print) OF ESTI-DEATH MATED 168 **ARTHUR** PRESTON 3/15 ARVEY 6. AGE (In years last birthday)
59 YR 4. RACE IF LINDER I YEAR IF HNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 2d. HOUR MonthMarch Doy 15 Year 19 68 Feb. 15,1909 Male White YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED K NEVER MARRIED form country Mary land USA WICOMICO WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) Peninsula General Hospital during most of working life, even if retired.)
Farmer & Poultryman INDUSTRY Salisbury Give death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Mar vland 13b. COUNTY Wicomico De imar Foskey Lane, R.D. 3 6 Item 18 and 2 4 should be farwarded to the Chief Medical Examiner's Office offer 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME Middle First Lost Parker Martha H. Emory Arvev E hours pages 17. INFORMANT (Wife) ADDRESS skey Lane, R.D.3 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. within (Yes. ng. or unknown) (If yes give war ar dates of service) 214-18-4165 Mrs. Catherine Ann Arvey. Delmar, Maryland War File .= within should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH Coronary occlusion minutes IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). dny writing the ward DUF TO OR AS A CONSEQUENCE OF stating the underlying cause Ė pup certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate, NO X pe gr 21g. EXTERNAL CAUSE WAS 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 21b. TIME OF INJURY Month, Day, Year 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING EXAMINER: crematian, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Tawn County State foctory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE AT WORK please execute burial 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion death resulted from Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Earl L. Royer, DEPUTY MEDICAL EXAMINER March TO FUN. Health FXAMINER'S ADDRESS(Street, city, town, or county) NAME (Type) 409 Camden Ave., Salisbury, 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) REMOVAL (Specify) March 19,1968 R 1968 REGISTRAR S SIGNATURE Wicomico Memorial Park Salisbury Wicomico Maryland DATE MIAR 2 0 24 FUNERAL DIRECTOR VR A15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND





Mills or	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	€ Q# .
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	a de tid
HIALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day	Yeor 2b. HOUR
of ge to	(Type or Print) GEORGE (none) BLAKE, Jr. DEATH MATED 3-31-	
Poge	3 SEX A RACE S DATE OF RIDTH 6 AGE IN WARRS FUNDER 1 YEAR OF UNDER 24 HRS 22 DATE PROMOLINGED DEAD	2d HOUR
o a co	M AA 5-6-1899	19 68 M
E 22 3	70 BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	(Ountry) Nd. U.S.H. WIDOWED DIVORCED Wicomico	N
1	10 CITY OR TOWN OF DEATH 11 NAME OF MOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR
and Man	Salisbury give street address insula General during mist of working life even if retired) INDI	sirfarm
章 \$ € €	130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	001
s afte 18. 2 with death	odmission) STATE Md. 13b (OUNTY Wicomico Girdletree YES IN NO K K.T. D. I.	3x, 44
thours Item 18 Office I and 2	14 FATHER'S NAME First Middle O S IS MOTHER'S MAIDEN NAME First Middle	Lost
24 F n II r S O s S O	George Blake Dr. Sallie	7
hin 24 ncil in niner's pages hours	160, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes., pp. of Unknown) (If we give wor or dates of service) ADDRESS ADDRESS ADDRESS	11 1 1
vitt am	(185. D. Grinning Company of Service, 217-09-3348 Winnie Blake K.J.D.] Gin	cletrec!
ed v In I I Ex 1. Fil	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTLEVAL BETWEEN ONSET AND DEATH
be executed "pending" in itef Medical E ansit permit. F event within	PART I DEATH WAS CAUSED BY: IMMIDIATE CAUSE (a) Asphyxia	minutes
exe Me Me t pe	DUE TO, OR AS A CONSEQUENCE OF	
hief ans		minutes
should be or ward "pe or the Chief ourightransite in any even	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	Volvulus of the ileum	days
s cert ficate she, writing the farwarded to used as a bu emaval, and ir	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
cert ficate writing th irwarded t used as a l	8 5703	
is cert fic te, writin farward ie used as remaval,	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
2 4 6 8 4 /		YES 🔀 NO 🗌
		3 }
CER: certification hauld hauld lifes. shaul: tian,	E CAUSE OF DEATH P.M. 19	
KAMINER: te the cert ye 4 should your files. age 3 shou	21d M.JRY OCCURRED WHILE NOT WHILE NOT WHILE OF INJURY (At home, form, street 21f LOCATION Street or R.F.D. No City or Fown Co	ounty State
	AT WORK L_J AT WORK L_J	
CAL EX execut far. Pag ad far y CTOR: Pa	22a. I certify that taak charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X],	and in my apinioi
se escrain	death resulted from: Natural causes 🔝, Accident 🗌, Suicide 🗍, Homicide 🗍, Undetermined manner	
please direct retaine	ACTUAL CHIEF MEDICAL EXAMINER C	
E Ne S	SIGNATURE ASSISTANT MEDICAL EXAMINER (20). DATE SIGN	
DEPUTY Stessary, p e funeral may be ri FUNERAL salth prior	EXAMMER'S Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER April NAME (Type) 409 Camdon Ave., Salisbury, Md. ADRESS (Street, city town or county)	2, 1968
necessary, if the funeral 5 may be r to FUNERAL Health price		(seed)
F ()	L-REMOVA (Specify 44/ 12 / 1	(Stote)
3/1	24 FUNERAL DIRECTOR AGENCESS 250 REC D BY REG STRAK 250 REGISTRAK S SIGN	ATURE.
VR A15ME (S)	24 FUNERAL DIRECTOR AGORESS 250 REC D BY REG STRAR 250 REGISTRAR S SIGN. Sam Savage Funeral Home, New Church, Vapate APR 5 - 1968	as judge
10M REV 1/68	was carago ranorar nome, new onarch, vallage,	0

		n rep in DIVISION	OF VITAL RECORDS,	301 W. PRESTO	IN STREET, BALTI	MORE, MARYI	AND 21201) +°94
FOR STATE		U Tak W # 3	MEDICAL EX	(AMINER'S C	ERTIFICATE (OF DEATH		5
HEALTH DEPT.		ECEASED-NAME First		M ddle	Lost		20 DATE KNOWN Mon	th Doy Year 26 HOL
200	(ype or Print) ESTE	TLE FI	SHER	BORDEN	J		-9-68 19
10 mg	3 5		S DATE OF BIRTH	6 AGE in years	IF JINDER 1 YEAR	IF JNDER 24 HRS	2c. DATE PRONOUNCED DEAD	
ry delay F. and 3 PM3. Po artmen	F	emale AA	7-6-1881	L last birthday)	MONTHS DAYS	HDURS JMN.	Month 3 Doy	
2, Pr			'b CITIZEN OF WHAT COUNT		ARRIED NEVER MARI	RIED 9. COU	INTY OF DEATH	, 1, 00,
7 5 0	(OJI		1150			RCED 🗍	Wicomico	
± 2 3	10.	ITY OR TOWN OF DEATH	II. NAME OF H		N (If not in hospital		CURATION (Kind of work dor	ne 12b KIND OF BUSINESS OR
with St.		Salisbury	give street eddr	isula Ger	neral		working lite, even it retired	
	130	JSUAL RESIDENCE (Where decease				INSIDE CITY . MITS?	13e STREET AND NUMBER	Flouse Work
s after 18 Gi alan with death.	0	dmission) STATE Md.	13b. COUNTY Word	ester P	ocomolte	YES 🔀 NO 🗀	705 S. For	arth St.
haurs ttem 13 Office 1 and 2	14	ATHER'S NAME First	Middle	ost	15. MOTHER'S MAID		M ddle	, Last
24 hin the ris old ris of ris of		Isaac		-isher		Tolo	7	Holden
thin 24 nicil in niner's pages haurs	160	WAS DECEASED EVER IN U.S. ARMED F		AL SECURITY NO	17 INFORMANT, A		ADDRESS	1 DIGET
	(es, na. of unknown) (Hyes give v	var or dates of survice)	34-95267	Fdith 1	Jalmer .	7055443	St. Hocomoke MI
d will in pe Exar Exar File in 72	F	18. CAUSE OF DEATH (Enter only			THE STATE OF THE S	Lastra Kar	10-011-	APPROXIMATE INTERVAL
be executed "pending" in nief Medical E ansit permit. F event within		DART I DEATH WAS CARRED	BY: TE CAUSE (o) ACU		agtive he	ant fo	ว่าไทกด	BETY EEN ONSET AND DEATH
e execut pending" of Medica sit permi		IM/meula ≠	DUE TO, OR AS A CON		2201 6 116	Jaro ra	TTALO	1
d be e d "per Chief I rransit y ever		Conditions, if ony, which gove			za candio	3m3700011	lar renal	40001
ould trand		rise to immediate cause (a), (stating the underlying cause (DUE TO, OR AS A CON		o_darase	y vaboa	diseas	10
		lost	14				a Local	,0
the the I to I		PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL D.S	SEASE OR CONDITIO	N GIVEN IN PART I(a)	
his certificate so the writing the so farwarded to be used as a burner remayal, and i	_		egree burr					
certifi arwar used mava	110	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH OF		, , , , , , , , , , , , , , , , , , , ,		20 AUTOPSY?
his cate, e far e far rem	CERTIFICATION		WAS	PERFORMED?				YES NO
	ě.	210 EXTERNAL CAUSE WAS	216 T ME OF INJURY Ma	onth, Doy, Yeor	21c HOW INJURY OCC	URRED (Enter notu	re of injury in Part 1 or Part	
dek: certif noold les shaul tian,	MEDICAL	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	6:30 mm 3-	-Li- 1968	Bathrobe	e caugh	t fire acci	identally.
(AMINER: te the cert te 4 should four files age 3 shau crematian,	E E	ZIO MIJORI OCCURRED ZIE P	LACE OF INJUKT (AF TOME, 1		21f LOCATION Street or		Eity or Town	County State
EXAMINER: ute the cert age 4 shoul ryaur files: Page 3 shail, crematian		AT WORK AT WORK TO	own nome		705 S. Fa	ourth S	t., Pocomol	ce, Wor., Md
Eecurieecuri		22a. I certify that the	ok charge of the remai	ins aescribed aba	ve, held an Autap	sy , Ins	pect.an X, Inquiry	X, and in my apinio
CCC ted to the pur		death resulted from:						
rec agnin ta		1	1) 17			MEDICAL EXAMINE	_	
pla del de la del		ACTUAL SIGNATURE	1 - 18	\	- Aller Control of the Control of th	TANT MEDICAL EXA		ATE SIGNED
uty, any, nera be ERA		Earl L.	Royer, M.	D	DEPU'	TY MEDICAL EXAMII	NER 🔀M&	arch 12, 196
o DEPUTY necessary, p the funeral 5 may be re 0 FUNERAL Health pria		NAME (Type) 409 Cam	den Ave.,	Salisbu:	ry, Md ADDR	tESS(Street, city, to	wn, or county)	
0 = = 50 E	239	BURIAL, CREMATION, 23b	DATE 2	S NAME OF CEMETER			OCATION (City or Jown)	(Coynty) (State)
		SREMOVAL (Specify) / 3-	14-68 1	4011's H	4//Cem	. 1	ocomoke	Wor, Illd.
1		FUNERAL DIRECTOR		ADDRESS		250. REC D BY REC	STRAR 10 256 REGISTRA	R S S GNATURE
VR A15ME (5)2-7 10M REV 1, 68		Savage Fun <mark>er</mark> a	l Home, Ne	w Church	n, Va.	DATE WAR	1 4 1000	and frankers



$, \cdot, 1$	J	tem 2a Film G399			DEPARTMENT OF ESTON STREET, BAL		AND 21201	
FOR STATE	L	/9/68 kk	,		'S CERTIFICATE	· ·	7110 MIM V 0	No. of the
HEALTH DEPT.		CEASED NAME First		Middle	Last		2g DATE KNOWN Month	Day Year 2b HOUR
in B	Į.	(pe or Print) URBAN	T	NOWLIN	BOWMAN		OF ESTI- DEATH MATED 3	29 1968
delay	3 5	X 4. RACE	2-1-0	H 6 AGE (thday) MONTHS DAYS	HOURS Min.	2c DATE PRONOUNCED DEAD Manth 3 Day 2	9 Year to 68 2d HOUR
			CITIZEN OF WHA		MARRIED NEVER MA	ADDIED O CALL	NTY OF DEATH	9 19 19 00 1
TEL S	canu		U.S.A		_	ORCED	Wicomico	M
= 5	10 €	TY OR TOWN OF DEATH	11. NA	WE OF HOSPITAL OR INST	ITUTION (If not in haspite		CUPAT ON (Kind of work done	126 KIND OF BUSINESS OR
ve P ye P g wij	L.	Salisbury			Ave.		warking I fe, even if retited)	insurance
事る音 × 50 分川	130	USUAL RESIDENCE (Where deceased I mission) STATE Md.			st city or town Salisbury	AEZ NO NO	13e STREET AND NUMBER 1328 Glon	Ave.
24 haurs in Item 11 is Office is Tand 2 is ofter d	14 F.	THER S NAME First	Middle	Lost	ES MOTHER S MA		Middle	Last
24 in It		Albert	G.	Bowman		Mary	E.	Flynn
d be executed within 24 d "pending" in pentil in Chief Medical Examiner's fransit permit. File pages y event within 72 haurs	-{¥	(AS DECEASED EVER IN U.S. ARMED FORCE (16 yes give wor o		66 SOCIAL SECURITY NO 28/-22-5.		sebedics	, Westminis	
al Est		18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED BY		e for (a) (b) ond (c).)				APPROX MATE INTERVAL BETWEEN CINSET AND DEATH
e executed pending" i of Medical sit permit.		#MMEDIATE	(a)		y occlusi	on		sudden
be executed "pending" in itel Medical E ansit permit. F event within		Canditions, if any, which gave 3		AS A CONSEQUENCE OF				
should be en word "per a the Chief burial-transit		rise to immediate cause (a), (stating the underlying cause	(b) DUE TO, OR a	AS A CONSEQUENCE OF				
shauld ne word a the Ch burial-tra		last	(c)					
ertificate sh writing the warded ta sed as a bu aval, and in		PART 2 OTHER SIGNIFICANT CONDITION		G TO DEATH BUT NOT R	FLATED TO THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PART 1(a)	
certificate writing th irwarded t	30	Y OF OPERATION		AL COUNTY OF THE	CU DONNAY ON			Too suppose
V	CERTIFICATION	19g. DATE OF OPERATION		WAS PERFORMED?	CH UPERATION			20. AUTOPSY?
Thi be be		210 EXTERNAL CAUSE WAS	21b. T.ME OF I	NJURY Manth, Day, Year	21c HOW INSURY O	CCURRED (Enter natu	e of injury in Part 1 or Part 2,	Item 18.)
NER: Ti r certifica hauld br iles shauld l	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M					
JICAL EXAMINER: Jease execute the certification of the stander of	ME	21d INJURY OCCURRED 210 PLAC WHILE NOT WHILE foctory AT WORK AT WORK	E OF INJURY (A r, office building	hame farm street, , etc.)	21f LOCATION Street	or R F D No	City or Town	Caunty State
ICAL EXPECTOR FOR PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		22a. I certify that I taak	charge of th	e remains described	abave, held an Aut	apsy , Ins	pection 7, Inquiry	and in my opinion
SICA Se est ctor tror ned ECTO		death resulted am:	Naturai caus	Accident	Suicide,	Homicide,	Undetermined manner	
JTY DIE SE ET STREET ST		ACTUAL ON	L 14	7 8/		IEF MEDICAL EXAMINI		r closes
ry, perol be r RAL		SIGNATURE	Royer	X.D.		SISTANT MEDICAL EXA PUTY MEDICAL EXAMI	MINER 22b. DATI	il 1, 1968_
o DEPUTY SIC, necessary, please e the funeral director 5 may be retained O FUNERAL DIRECT Health prior to bu		NAME (Type) 409 Camo	len Av		bury, Md.		wn, or county)	<u> </u>
the Fig.	23a	BURIAL CREMATION, 23b DA			METERY OR CREMATORY		LOCATION (City or Town)	(Caunty) (State)
		REMOVAL (Specify) Burial 11-	-1-68	Poplar	Spring C	emetary.	Poplar Spr	ing. Md.
VR AISMEYS)	24	FUNERAL D RECTORNISCO. >	2 -	ADDRESS		DATE APR 3	_ 196B REGISTRAR'S	SIGNATURE SINGER
10M REV. 188	M	yers Funeral H	ome,	westminis	ter, Md.	DATEMATIN	- 1000	0 0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR ofter death. (Type or print) Month 160 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years OF UNDER 1 YEAR IE UNGER 24 HRS last birthdov) ve carban papers. Pages event, within 72 hours aft MONTHS PAYS HOURS the 1878 Fema 20. Jan. YRS 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [] NEVER MARRIED [country Maryland requires that the death certificate be executed within 24 ha .⊆ Wicomico USA WIDOWED TO DIVORCED [Md. campletely filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12e USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR General Hospital of warking life even if retired) INDUSTRY Salisbury OwnHome 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JAMITS? 13e, STREET AND NUMBER odmission) STATE 13b. COUNTY NO X owellv wicomico signed by the attending physician and ca burial-transit permit. Then please remav burial, crematian, ar remaval, and in any 14 FATHER'S NAME Middle 15. MOTHER 5 MAIDEN NAME First Middle First Lost David Hales Zippora (Unknown physician (160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) I (If yes give war at dates of service) Fowellville. 22-52-7999 Carl Bradford Md APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)] BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to TO HOSPITAL OR ATTENDING PHYSICIAN: The law 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO [YES [TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 218. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from ______ 19@25and that in (my) (aur) apinion death occurred an the date and haur and fram the saw the deceased alive an_ 4 may be retained causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS JANEO. Director DEGREE 22e ADDRESS 22d. PHYSICIAN NAME (Type) 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) BURMAL CREMATION, 23b. DATF/ (Stote) (County) Fowellville wicomico REGIONALISE FUNERAL DIRECTOR **ADDRESS VR A15** 30M REV 1/68 DATE



		DEPARTMENT OF HEALTH	
		PRESTON STREET, BALTIMORE, MARYLAND 21	201 .~ ts
	7000	CATE OF DEATH	
eoth. eoth. ind 2 eath.	1. DECEASED-NAME First Middle (Type or print)	Camper 2a. DATE OF DEATH March Month	28 ^{Day} 1.9 ^{Van} 8 12:32 ^M
dec dec	James Allen		
i Fra	3 SEX 4 RACE	S. DATE OF BIRTH July 7. 1899 6. AGE (In ye last burden	POTS IF JNDER 1 YEAR F JNDER 24 HRS NONTHS DAYS HOURS MIN
2 4 5 6	male colored		YRS
hours after deoth in by the funerol rs. Pages 1 and 2 hours refer death		NEVER MARRIED 9. COUNTY OF DEATH Vicomi	20
De dir	Marytand U.S.A. WIDOWED	DIVORCED L.	MU
TO HOSFITAL OR ATTENBING PHYSICIAN: The law requires that the lleath certificate be executed within 24 leading by the hospital or attending physician. TO FUNERAL DIRECTOR: After this entiticate has been signed by the attending physician and completely filted in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon paper should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72.	10. CITY OR TOWN OF DEATH Salisbury 11. NAME OF HOSPITAL OR INSTITUTION (If only a street oddress) Pine Bluff Sta	te Hosp. during most of working life, even if re	etired) INDUSTRY Farm
e o e	13a, USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY 0	1 700 110 110 110	
com ove	odm.ssian) STATE Maryland 13b. COUNTY Dorchester Vie	nna - R R#1, Bo	x 173
pu)			liddle Last
he be	William Henson Camper		ne Dennis
cote sicio oleo , on	Version on an unknown) I fill yes give war or dates all service)	1 ccol do ol.	Idress
rtiffi phy en j	No - 214-07-9017	Pine Bluff State Ho	spital APPROXIMATE INTERVAL
n Three	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
end mit.	IMMEDIATE CAUSE (a)		unknown
att pen ion,	486 X DUE TO, OR AS A CONSEQUENCE OF		
of the the sist public motic	Conditions, if any, which gave is to immediate cause (a),		
tran	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
ires ysic ned riol- riol,	lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 1	TO THE TERMINAL DISPASS OF COMPUTION CHICKLINI PART IV.	
w requires that the Leath certificate be mecuted ing physician. See signed by the attending physician and to-methe buriol-transit permit. Then please remove of the burial, tremotion, or removal, and in any every the burial, tremotion, or removal, and in any every the burial.	149		
The law ottendir has bee us the his control of the law has been as the law of	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c.	CALICES OF DEATHS	NDINGS CONSIDERED IN CERTIFYING
The same of the sa			<u> </u>
AN: N Ol Ol Cor u		10W INJURY OCCURRED (Enter noture of injury in Part 1 or	Port 2, Item 18)
SICA Spitch of the	(If either, natify medical examiner) P.M. 19		County State
ING PHYSICIAN: The law requires the by the hospitol or ottending physician. Ifer this entitlicate has been signed by be detached for use as the buriol-traistote Dept. of Health prior to buriol, cre	While Nat while of the state of		,
OR ATTENBING De retained by the IRECTOR: After the 3 should be de	220. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive an March 28 1968, or	March 27, 1968, to March	289 68, that (k) (we) lost
EN Red	causes stated abave, (*) (we) (did) (#16 fiet) view the body after	death.	the date and flaur ond from the
ATA ATA Share the state of the	22b. SIGNATURE		22c DATE SIGNED
d w	Enan . Totalia DEG	REE PHYS DIRECTOR STAFF PHYS.	March 28, 1968
AL O	22d. PHYSICIAN'S	22e. ADDRESS	
O HOSFITAL OR ATTENTED Poge 4 moy be retained o FUNEAL DIRECTOR: A director, poge 3 should should be filed with the	NAME (Type) E. P. Ritchings, M.D.	Pine Bluff State H	lospital
HOS GELT OF THE STATE OF THE ST	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City or Tox	wn) (County) (State)
TO HOSPITAL Poge 4 moy TO FUNERAL director, pog should be fi	REMOVAL(Specify) April 1,1968 Vienna Cem		Maryland
- W	24. FUNERAL DIRECTOR Framptom Funeral Home Federal boys		GISTRAR S SIGNATURE
VR A15 (4) 30M REV. 1768	tramptom tunual Home Federal boy	STICK DATE APR 5 1968	Minter Judge
	*		V U



1	1	DI	VISION O				ARIMENI OI N STREET, BA'			AND 21201			-
OR STATE	4.5	1.79					ERTIFICATI			7110 21201		r ^{3 *} ;	7 •
ALTH DEPT.	1 DECEAS	r De nal	First		M date		Lost			20 DATE KNOWN		Doy Year	2b HOUR
3	(14be (ERTO		SERNUS		CANNO			OF ESTI- DEATH MATED	₃ 3-20)-68 ₁₉	M
	3. SEX	4. RACE		DATE OF BIRTH		AGE (In years last buthley)	MONTHS DAYS	IF UNDER HOURS	24 HRS. M·N.	2c. DATE PRONOUN Month	D.	Year LQ	2d. HOUR
	M		A	2-1-18		76 _{/RS}					Doy 20) Year 1968	M
	country),	PLACE (Stote or foreign	jn 7b. (CITIZEN OF WHAT			RRIED NEVER N	_		ITY OF DEATH			
	10 CITY O	ryland		U.S.A.			N (if not in hospit	VORCED 120		Wicomic UPATION (Kind of		126 KIND OF BUSI	Md.
,		Salisbur	У	give stree	Penins	ula	General	during	mostof	work no ife even	if retired)	INDUSTRY	NLJJ OK
fr death	13o. USU/	L RESIDENCE (When	deceosed I	ived, if institution	n: Residence bef	ore 13c. CITY	OR TOWN	13d. NSIDE CITY I		13e, STREET AND N			
17		on) STATE Md.		3b. COUNTY			alisbu			Jersey	Road	d	
-1	14. FATHER			Middle	Lo	st	15. MOTHER'S M	AIDEN NAME	First		M.ddle	Lost	
	54 -4645 F	ECEASED EVER IN U.S.	kown	Tro Tru		T			<u>Unkc</u>				
	(Yes no			ED: [10]	b social securit	T NO.	John Bi	rown		Jersey	Rozo	d Salis	. Md.
	18	CAUSE OF DEATH (nter on y or	ne couse per line	for (o), (b), ond	(d)}	0 0		0			APPROXIMATE BETWEEN ONSET	INTERVAL AND CEATH
	(PART I DEATH WA	MWEDIATE (AUSE (0) 2	· nd	7- 5	mel de	yea	120			0	
L/	Con	ditions, if any, which		DUE TO, OR AS	A CONSEQUENCE	OF		0				700	my
	rise	to immediate cou:	e (o).	(b)	A CONTROLIENCE	20							
	stot last	ng the <u>underlying</u>	couse	DUE TO, OR AS	A CONSEQUENCE	Ur.							
	PART	2 OTHER SIGNIFICAL	T CONDITION	(c)	TO DEATH BUT N	OT RELATED	TO THE TERMUNA.	DISEASE OR ('ANDITION	CIVEN IN PART 1/	2)		
	1 1 2	16					TO THE CENTRING	DIDENSE ON C	CHDIIION	OTEN MINKIT	2)		
	190.	DATE OF OPERATION		191	b. CONDITION FO		ERATION					20. AUTOPSY	?
)	STIFIC				WAS PERFORM								NO 🔀
		EXTERNAL CAUSE WA		216. TIME OF INJI	JRY Month, Doy, '					of injury in Port 1			
	Z CAL	ISE OF DEATH		O PM		*				in own			
2	1 1	INJURY OCCURRED HILE NOT WHILE TO AT WORK		E OF INJURY (At h , office building, e n tral	iome, form, stree	it,	21f. LOCATION Street			City or Town		County	Stote
ر د	AT 1									isbury			
		death resulted f					e, held on Au Suicide [7],			Undetermine			/ apinian
				variotot coosey	Accid	en L	-	riomicia HIEF MEDICAL		_	i monner (
	AC	TUAL NATURE		L /	1			SSISTANT MEDI			22b. DATE S	SIGNED	
nealin prior to buriol, crem		MHER'S Ear	l L.	Royer	M.D.			EPUTY MEDICA			_Mai	rch 21.	1968
1					s. Sal		ry, Mda						
Per	230 BUR	IAL, CREMATION, OVAL (Specify)	23b DAT				OR CREMATORY			LOCATION (City or			ote)
A		OVAL (Specify)	3/2	26/68			n Comet			tipquir	Hico	mico	wd.
3	15 /	RAL DIRECTOR	H	- #=		DRESS		DATEMA	R 2 (6 1968 25b.	REGISTRAR'S S	Can Judge	ta :
and the s	1991	nation Bit	GMISOT	Kar Bal.	sbury	, Fid.		DATHVIP	II W	0 10 1		U	

(T)	Ιt	em 18 film 39	NOSION O	=€3 MAKTI DE VITAL RECOR	10 201 1 102 201	AIE DEPAKIN V PRESTON STI	IENT OF HEAL REFT. BALTIMOI	.I M RE. MARYLAND 21:	201	
(KK)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH								4 4
h 2 h		CEASED NAME First		Middle		Last	20	DATE OF DEATH		2b HOUR
er death funerol 1 ond 2 er death	(1	ype or print) GERT	RUDE	T.		CASH		Month 3	8° 19	68 1230PM
in The second	3. SE	X	4. RACE			S. DATE OF B	IRTH	6. AGE (In yell last birthdoy	OTS IF UNDER S	YEAR IF LINDER 24 HRS. DAYS HOURS MIN
# 8 8 2		Female	Whit			Sept		905 62	YRS.	DATS HOURS ALL
	7a, 8	IIRTHPLACE (Stote or foreign		WHAT COUNTRY?		RIED 🖼 NEVER MAR	KKIEVI I I	UNTY OF DEATH		
4 P P P P P P P P P P P P P P P P P P P		Maryland		SA	1			ICOMICO	I Inc. o	Md
by the hospitol or ottending physicion. Liter this certificate has been signed by the attending physicion and completely filled in by the funeral be detached for use as the buriol-transit permit. Then please remove corban papers. Pages I and 2 State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours death	Sa	ITY OR TOWN OF DEATH Lisbury	P	NAME OF HOSPITAL O	d Sta	te Hospit	al during most of	UPATION (Kind of work working fa, even if re V Rega of	tired INDUS	IND OF BUSINESS OR STRY County
pletel corb	13a. admi	USUAL RES DENCE (Where decede	sed lived, if Insti	tution: Residence be	/	TY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUM		
com ove y ev		ssionMaryland	13 MRANE			now Hill		214 Fede		
rem and	14. F	ATHER'S NAME First	M.ddle		ast .	IS MOTHER'S M	AIDEN NAME First		ddle	Lost
on con sase	17-	Lloyd was deceased ever in u.s. are	HED CODCECO	Tilp		17 INFORMANT	Jei	nie	<u>Lay</u> i	field
icati ysicio plec	Y		NED FURCES!			Mr. G	~~~			Ma
ph)	H					MIF. G	regg Cal	su snow		APPROXIMATE INTERVAL
ding the rem		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ny one couse per D-BY:	f line tor (a) (b), an	G (L).)			A		months
deo trmit	ı	1530 IMMEDI		I AS A CONSEQUENC		wide-spr	ead metas	MASES		110110110
the a		Conditions, if any, which gove	۱			ovarv-pr	imary si	te		
hot n. by ff onsi		rise to immediate cause (a), stating the underlying cause(R AS A CONSEQUENC		3 1				
es t sicio ed b al-tr		lost.	(c)_							
quires the physicion. signed by buriol-tro buriol, cre		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTR	IBUTING TO DEATH E	UT NOT RELA	TED TO THE TERMINA	L DISEASE OR CONDI	ION GIVEN IN PART 1(a)		
he he to	8	11.								
4. The faw re or ottending the has been use as the saith prior to	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR	WHICH OPERATION W	AS PERFORMI			20b IF YES, WERE FIN	DINGS CONSIDERE	D IN CERTIFYING
The part of the pa	ERTIF	Žia, ACCIDENT WAS UNDERLYII	UC TOU TIME	OF INHIBOV		YES _			Do-1 2 thn 18 \	·
ANS olo olo icot for for He		GR CONTRIBUTING CALSE OF DEA (If either, natify medical exami		OF INJURY M Month Doy		ZIC, HOW INJURY OF	CORKED (Enter note	re af injury in Part 1 or	ran 2, nem 10 j	
SICI Spit Spit Sertified Tof	MEDICAL	214 MANURY OCCUPRED 216	ner) P.		19 EET FACTORY.	21f LOCATION Stre	et or RED. No.	City or Town	Caunty	State
PHYSICIAN: ne hospitol or this certificote etoched for of Dept of Hea		at work of wark				21f LOCATION Stre			,	
IDING 1 by th After 1 be d		22a. I certify that (4) (the saw the deceased c	is haspital) o	attended the de	ceased_tro	n Februar	<u>y 5., 19.68</u>	, to March 8		that XI) (we) last
		saw the deceased of causes stated abov	olive an <u>1933.</u> e, () ((we) (d	(did nat) view	the body	., and that in (A ifter death.	ay) (our) opinion	deoth occurred on	the dote and	hour and tram the
ATTEI retaine ECTOR: shoul		22b SIGNATURE	1-1	1.11		ATTENDI	NG - MED.	CT STAFF CSD	22c. DATE SIGN	NED CO
OR be r DIRE		11/6/11	NU	ine		DEGREE PHYS	DIRECT			
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		PHYSICIAN'S NAME (Type) A . C.	Mitche	11, M. D.		Deel Deel		State Hospi	Maryland	lishury.
OSP JNES cror uld	230		DATE		E OF CEMETE	RY OR CREMATORY		LOCATION (City or Tow		
E Se Se C	7 July 1	REMOVAL (Specify)	110			th. Cem		Snow Hill		
VR A15 (A)	- 0.	FUNERAL DIRECTOR	7		DRESS	1000			ISTRAR'S SIGNATU	Tuesday.
30M REV. 1/68		Farman F. W.	mmer	Snow	Hill	Md.	DATEMAR	1 1300 %	700	0 0
	-									

/



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death and (Type or print) Manth Day Year Ellegood **GLADYS** CAUSEY 96 3. SEX 4 RACE S. DATE OF BIRTH IF LINDER I YEAR 6. AGE (In years IF UNDER 24 HRS. last birthday) HDU/R5 White Jan. 13, 1905 Female YRS 7g BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Mary land USA WIDOWED [DIVORCED [7] WICOMICO directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban passboold be filed with the State Dept. af Health prior ta burial, cremation, ar remaval, and in any event, within the attending physician and campletely fillers it permit. Then please remave carban pa 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) Route 4 during mast of warking life, even if retired.)
Housewife **INDUSTRY** Salisbury none 130 JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER ddm ssion) STATE Maryland 13b. COUNTY Wicomico NO X Route 4 Salisbury 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Waller Liliie Venables Isaac 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Husband Address Route 4 Yes, no, or unknown) [II yes give war or dates of service] Mr. G. Maurice Causey, Salisbury, Maryland APPROXIMATE INTERVA IB. CAUSE OF DEATH (Enter only one couse per lim for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH signed by the attendir burial-transit permit. ORONARY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove? ARTERIO Sclevos rise to immed ate cause (o), Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🙀 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBLTING CAUSE OF GEATH HOUR A.M. Manth Doy Year If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJUKT Occoller While Not while City or Town County State 22a. I certify that (1) (this boopital) attended the deceased from JAN 14, 1957, to Musch 17, 1968, that (1) (set) last saw the deceased give an 1968, and that in (my) (seed approximately approximately and the date and hour and from the 21 1968, and that in (my) (and apinian death accurred an the date and have and fram the causes stated above, (1) (ver)-(did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS. March 19 DEGREÉ 22d. PHYSiCIAN'S 22e ADDRESS S. Salisbury Blvd., Salisbury, Maryland Dr. Thomas C. Hill, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE 23a. BJRIAL, CREMATION, (County) BENOVAL (Speaty) March 20,1968 Parsons Cemetery Salisbury, Wicomico, Maryland 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68-Milarles Judge HOLLOWAY & COMPANY, SALISBURY, MARYLAND



#	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b. HOL
~ ₽ ₽ €	(Type or Print) VIRGINIA FRANCES CLOGG DEATH MATED 3-12-68 19
deloy	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR 5 UNDER 24 HRS 24 OATE PRONOLINGED DEAD 24 HOL
9 9 8 1	F W 2-3-05 63 YRS MONTHS DAYS HOURS MM Month 3 Day 12 Year 19 68
2, 2, and a pool of	7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NINEVER MARRIED 9 COUNTY OF DEATH
2 E 0	COUNTRY Maryle and USA WIDOWED DIVORCED Wicomico
Page Page	TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR
Give Poges ong with for th (the state	Salisbury 9"Peninsula General during mpiloty griting life from it refined MOUSIEN HOLLE
after death 8. Give Page along with with the sta	130 SIIAL PES DENCE (Where deceased lived of including the participation of the participation
hours after Item 18. Giv Office along Tand 2 with(ti	odmiss on) STATE Del. By COUNTY Sussex Dagsboro YES NOT RFD 1
4 hours 1 frem 18 5 Office 1 and 2 v	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
24 hours a lin Item 18. r's Office al	John Gedfrey Mary Esham
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS
d within in pencil Examine File pag	(Yes. no. or Linknown) (Hyes gray, water doles of service) 220-32-1448 Er. nel Closs Dagsboro, Del. RD 1
be executed with period manager in period and the factor of the factor o	18 CAUSE OF DEATH (Enter only one couse per une for to) (h) and (A)
Cute dica mit with	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) BURNELL AND DEATH
e execution pending". Per Medical permits permits with with	DUE TO DR AS A CONSCOURNEE OF
be "pe "pe inef	Conditions, if any, which gove) (b) Hand tensive E.J. Where
outd vard ne Ch al-tre any	rise to immediate couse (a), (b) DUE TO, OR AS A SO SQUENCE OF
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
certificate writing th anwarded to used as a l maval, and	3 241
This certificate, writing be farward as be used a ar removal,	190 DATE OF OPERATION
This cote, be for the rent of the cote of	YES NO X
± - = 1	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of nijury in Port 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING 1
INER: Te certific should b files. 3 should a should b and or	KAUSE OF DEATH P M 19
	21048 CORNE CORNE 2000 AND 21001 AND 1041 CORNE
	AT WORK AT WORK
TY SICAL E y, please execu- iral director. Pag- se retained far AL DIRECTOR: priar ta burial,	22a. I certify that I took charge of the remains described above, held on Autapsy , Inspection , Inquity , and in my ap.nic
SICAL blease exerted director. Peranned far DIRECTOR	deoth resulted from Notural couses 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined monner 🔲
please direct retaine DIREC	CHIEF MEDICAL EXAMINER
UTY Blaze error director be retained RAL DIRECT	ACTUAL SIGNATURE
EPUTY Ssary, I funeral ay be r NERAL th prie	EXAMMNER'S Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER 2 March 14, 196
TO DEPUTY The funera S may be TO FUNERA Health pr	NAME (Type) 409 Camden Avev, Salisbury, Md ADDRESS (Street, city town or county)
5 = = V	230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
n.t	Starten 13/15/06 Zin Church
₩ A15ME (5)	24 FUNERAL DIRECTORISTEE ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
10W REV 1/68	Whaley Funeral Home Selbyville, Del. MAR 18 1968 June

MAKILAND STATE DEPAKIMENT OF MEALTH



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
<u>~</u> [CERTIFICATE OF DEATH
1	DECEASED NAME (Type or print) GRANVILE P. CROPPER 20. DATE OF DEATH (Type or print) GRANVILE P. CROPPER MARCH 38 1968 43P.
3	SEX ARCE S. DATE OF BIRTH 6. AGE (In years lost birthday) MONTHS DAYS HOURS M.N.
	O BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED ST NEVER MARRIED ST NE
ľ	BISHOCVILEND USA. WIDOWED DIVORCED Wicomico
Ī	O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
0	30. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
	4 FATHER S NAME First Middle Lost 115 MOTHER S MAIDEN NAME First Middle Lost
ľ	GRANVILLE S. GROPER SADIE PHILLIPS
h	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT
-	Yes, not or unknown) If the give wer or dates of service) MRS. GRANYILLE P. (ROPPER OF BANCITY/)
	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY.
ı	IMMEDIATE CAUSE (a) I WILLIAM CONTROL CONTROL SCORE
I	Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)
I	rise to immediate couse (a).
l	stoting the underlying cause Due TO, OR AS A CONSEQUENCE OF
l	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	115.15
	9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 12b. TIME O
	¥ES □ NO □ CAUSES OF DEATH?
	Till either, natify medical examiner P.M 19
	While Not while OFFICE BUILDING, ETC.
	at work at work
	22a. I certify that (I) (this haspital) attended the deceased from 1966, and that in (my) (aur) apinian death accurred an the date and haur and from the
1	causes stated above, (1) (we) (did) (did nat) view the bady after death
	226 SJESKATURE DEGREE ATTENDING MED. STAFF DIRECTOR PHYS DIRECTOR PHYS
	DEGREE PHYS DIRECTOR PHYS DI
	22d. PHYSICIANS NAME (Type) 22e. ADDRESS
1	230 BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
1	BMOVA (Specify) 33168 ODD FELLOWS BISHUP VILLE WAR MD
	24 FUNERAL DIRECTOR A BUSHAGE BELLIN DAS 250 REC'D BY REGISTRAR 250, REGISTRAR S SIGNATURE

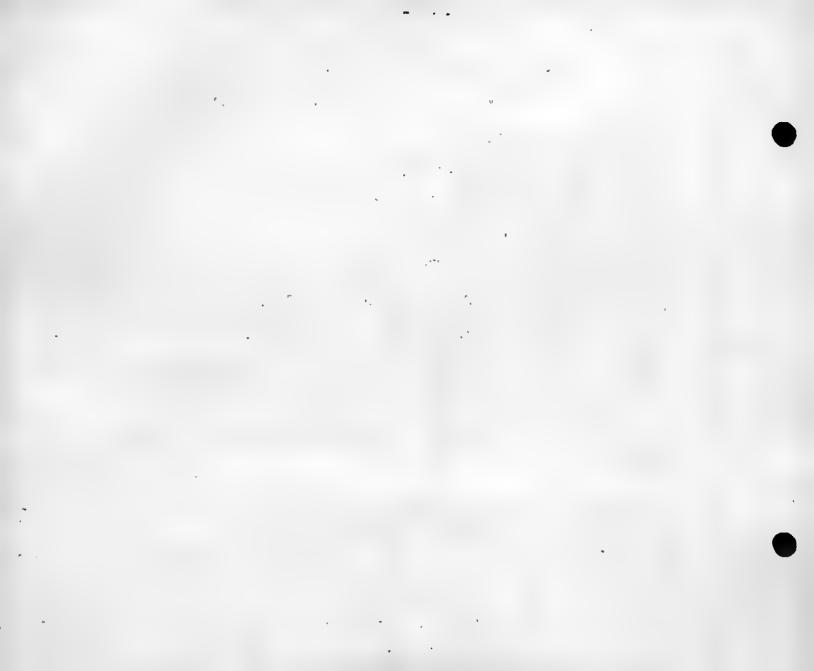


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 V4032 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Manth 968 ROSETTA CURTIS March F JNDER 24 HRS. after buriol, cremation, or removal, and in ony event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR last birthday) MONTHS HOURS Colored Female Feb. 1921 YRS. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED TX NEVER MARRIED T country) irginia DIVORCED [WECOMECO WIDOWED I 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within. Deer's Head during most of warking life, even if retired.) INDUSTRY physicion and completely fen please remove corbon State Hospita Salisbury OMESTIC 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 138 INSIDE CITY LIMITS? requires that the death certificate be executed admission) STAIE Mary Land 13b. COUNTY Wicomico YES X NO C Mineola Avenue Salisbury 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle First M ddle Last puo "illiam Lewis Unkown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give wor or dates of service) Yes, no, or unknown) Nathani 1 Curtis 9.fincola Ave Md . attending phys 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY: permit. months Adenocarcinoma of ovary with widespread IMMEDIATE CAUSE (a) metastases DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use os the buriol-tran should be filed with the State Dept. of Health prior to buriol, crer stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a, DATE OF OPERATION CALISES OF DEATH? YES 🔣 NO [21 a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M (AT HOME FARM, STREET, FACTORY) 21f 10CATION Street or R.F.D. No. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at work at wark 22a. I certify that (1) (this haspital) attended the deceased from February 20, 19 68, to March 12, 19 60 saw the deceased alive an March 12, 19 60, and that in (m/s) faur) againing death accurred as the data at , and that in (rgy) (aur) apinian death accurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did) riet) view the bady after death. 22c. DATE SIGNED 22h SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 3/13/68 DEGREE Maryland 22a. ADDRESS 22d PHYSICIAN'S NAME (Type) Deer's Head State Hospital, Salisbury, A. C. Mitchell. M. D. 23d LOCATION (City or Town) (State) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) Calisbury Wicomico 0 reen Arces Cemetervi 2Sa. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 1968 MAR 5 30M REV 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle lost 20. DATE OF DEATH 2b HOUR (Type or print) Month ELLEN (Moraine) DAVIS MARY March 4 RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF LINDER 24 HRS. 6. AGE (In years 3 SEX last birthday) White 1889 Female February 24, hours 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED (country) Maryland WICOMICO USA WIDOWED K DIVORCED [signed by the attending physician and completely filled in butial-transit permit. Then please remave carban papers butial, cremation, ar removal, and in any event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR within give street oddress) Hayward Avenue during most of working life, even if refired)
Retired Operator Fruitland 13e STREET AND NUMBER 136 INSIDE CITY JIMITS? OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 13b. COUNTY Hayward Avenue Fruitland Wicomico Maryland 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Driscol1 Eliza F11en Parker A1fred 16b. SOCIAL SECURITY NO 17. INFORMANT (Daughter) Address Box 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no or unknown) Mrs. Mary Anne Adkins, Fruitland, Maryland 212-03-4740 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY Conditions, if any, which gave) rise to immediate couse (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART !(o) be detached far use as the State Dept. af Health priar ta 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19n. DATE OF OPERATION CAUSES OF DEATH? YES [NO 🔀 O FUNERAL DIRECTOR: After this certificate 21o, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County While Not while to work 22a. I certify that (I) (this haspital) attended the deceased fram the saw the deceased olive on March of 1864, and that in (my) (our) opinion dooth occurred on the date and hour and from the directar, page 3 shauld should be filed with the couses stated obove, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR /1968 DEGREE PHYS. PHYS 22e. ADDRESS Fruitland, Maryland Robert T. Adkins Ďr. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) 1968 St. Stephen's Cemetery Park, Delmar, Sussex Co., Del. 24 FUNERAL DIRECTOR VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 30M REV, 1/68 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 U4887 CERTIFICATE OF DEATH death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY MARYLAND O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after DRC b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write-RURAL and give nearest town) PALIS BUR e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d STREET ADDRESS YES □ NO DZ NAME OF Middle DATE Month Year Dov DECEASED OF DEATH (Type of pnnt) event. and cample SEX 6 COLOR OR RACE N 8. DATE OF BIRTH 9 AGE (In years BE UNDER 24 HRS 7 MARRIED NEVER MARRIED Months Hours lost birthdoy) Dovs ar removal, and in any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1) BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during mest of working life, even if retired) INDUSTRY physician (nen please ETIRED 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, grunknown) (If yes give wor or dotes of service) crematian, INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BYburial-transit signed by IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Agus actions the aux Conditions, if only, which gove nse ta immediate couse (a), DUE TO stoting the underlying couse prior to the has been 19 WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X O FUNERAL DIRECTOR: After this certificate 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Crry or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour om. foctory, street, office bldg., etc.) While Not While of work L 1960 that (1) (we) las 2]. I certify that (I) (this haspital) attended the deceased from 2 1968 to and that death accurred at 11 HS in from causes and on the date stated above saw the deceased alive an. 19608 22b DATE SIGNED 22o SIGNATURE ATTENDING STAFF PHYS M.D DIRECTOR PHYS director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF (County) REMOVAL (Specify) MM RIK 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME Fust Last 20 DATE KNOWN Month Dov 2b HOUR (Type or Print) ESTIdelay is and 3 to Poge CAROLINE DIEHL 168 DEATH MATED March 6 6 AGE (In years 3 SEX 4 RACE IF UNDER 1 YEAR S DATE OF BIRTH IF JADER 24 HRS 2r DATE PRONOUNCED DEAD 2d HOUR P.M.3. March Year Female White Sept. 3.1891 76 19 68 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIEDX XNEVER MARRIED 9 COUNTY OF DEATH with form Country Delaware USA WIDOWED [DIVORCED [WICOMICO 10. CITY OR TOWN OF DEATH 24 hours after death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of work ng ife, even if retired.)
Housewife Peninsula INDHSTRY Salisbury General Hospital 130 USUAL RES DENCE (Where deceased I ved of institution Residence before 13c CITY OR TOWN .3d INSIDE GTY LOWITS? 13e STREET AND NUMBER Maryland 13b. (OUNTY Wicomico Salisbury YES 😠 NO 🗀 138 Louise Avenue Jonda offer 14 FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME Middle Inst Charles Lane Willey 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Husband) 16b SOCIAL SECURITY NO. ADDRESS (Yes, no. or unknown) 220-34-9666 Louise Ave File within be executed 18 CAUSE OF DEATH (Enter only one couse per line for (27) (b), and (c).) BETWEEN ONSET AND PEATE the Chief Medical PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any, which gove rise to immediate cause (a). This certificate shauld the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ forwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 writing t OS removal 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES [7] NO 21g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of morry in Part 1 or Port 2, Item 18.) 3 should 21b TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A M Cremotion, CAUSE OF DEATH PM 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form, street, 21f LOCATION Street or R. F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy ... Inspect on X Inquiry X and in my apinian death resulted from Natural causes Accident Suicide -Undetermined manner Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE L. Royer, Ear 1 DEPUTY MEDICAL EXAMINER X TO FUN. Health March 1.968 **EXAMINER'S** NAME (Type) 409 Camden Ave. ADDRESS(Street, city, town, or county) Salisbury, Md. 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Spec fy) March 9, 1968 Hollywood Cemetery Harrington, Delaware 250 REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE VR ATSME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 10M REV 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH

MAKTLAND STATE DEPARTMENT OF HEALTH

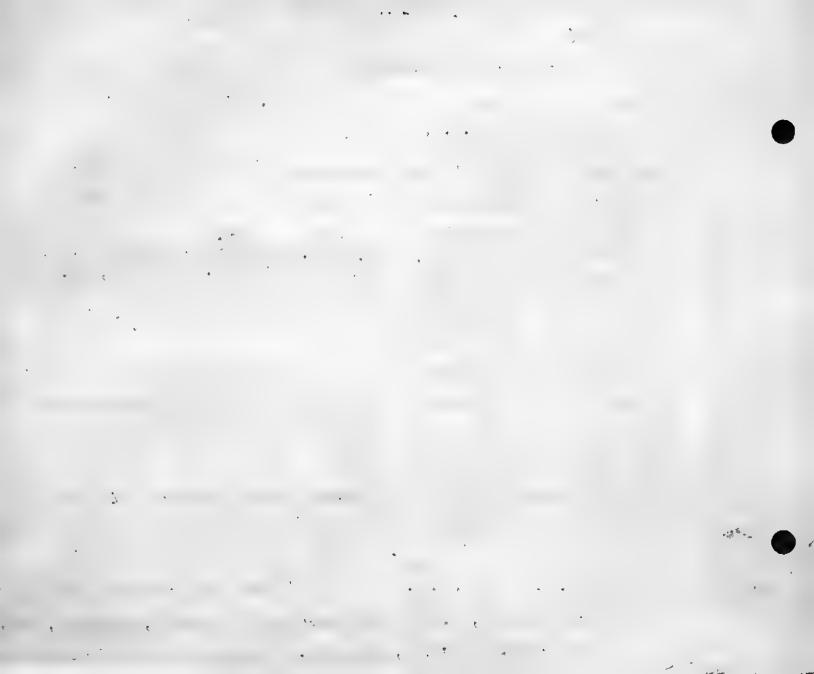


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15830 CERTIFICATE OF DEATH 548R DECEASED NAME First Middle Last 20 DATE OF DEATH 25. HOUR (Type or print) Month Raymond Dobson March 2:10 signed by the attending physician and completely filled in by the fur burial-tronsit permit. Then please remave carbon papers. Pages 1 burial, crematian, or removal, and in any event, within 72 haurs after 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years FISHDER I YEAR IF UNDER 24 HP. lost bustnaloy) DAVS HOURS April 1, 1902 Male Negro 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED country) Md USA WIDOWED [DIVORCED [Wicomico 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within Deer sheadStateHospital during most of working life, even if retired) INDUSTRY Salisbury 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 136 INSIDE CITY J.MITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Talbot NO TO Cordova YES 🗔 14 FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First First Last Middle Rosetta Bailev Dobson William Samuel 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes no or unknown) Hospital Records Salisbury 2Th-T2-60TZ no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Acute Cor BETWEEN ONSET AND DEATH Acute Coronary Thrombosis 1 Mr. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave t Generalized Arteriosclerosis Tears rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g AUTOPSY? CAUSES OF DEATH? YES 🔲 NO T 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of miury in Port) or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work l ot work 220. I certify that (I) (this hospital) ottended the deceosed from 9/29/53 saw the deceased alive on 3/2/68 19 ____, and that in (m 3/2/66 _ 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS. March 2, 1968 DEGREE PHYSICIAN S 22e, ADDRESS Box 2018, Salisbury, Maryland - 21801 NAME (Type) Charles H. Winnacott, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (State) BURIAL, CREMATION, (County) REMOVAL (Specify) 3/6/68 Md. Chapel Talbot Chanel 2Sb. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR FUNERAL DIRECTOR 30M REV 1/68

---, , ,

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME Last 20 DATE OF DEATH 2b. HOUR P requires that the death certificate be executed within 24 hours after death. signed by the attending physician and campletely filled they the funeral burial-transit permit. Then please remave carban papers. Pages 1 and/burial, cremation, or remaval, and in any event, within 72 hours after death (Type or print) March Donovan-2:05M JOSEPHINE SPOONER 4. RACE IF LINDER 1 YEAR 3 SEX S. DATE OF BIRTH 6 AGE (In years IF LINDER 24 HRS last hirthday) MONTHS B HOURS July 21.1893 White Female YRS. 7a BIRTHPLACE (Stote or fore gn country) De laware 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED U.S.A. WIDOWED IY DIVORCED [WICOMICO 12a USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address)
Deer's Head during mast of excelling life, even if retired) None None Salisbury State Hospital 13a USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. MS/DE CITY LIMITS? 13b. COUNTY Salisbury NO 103 Dover Street Maryland 14 FATHER'S NAME M ddle TS. MOTHER'S MAIDEN NAME First Middle Alfred Clendaniel Stores Annie Annabelle Cooper(daughter) 17. INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. or Drog (White Property of Services of Services) HOW SOCIAL SECURITY NO Dover St. Salisbury, Midwall MIERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Chronic ob BETWEEN ONSET AND DEATH Chronic obstructive airway Years DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Emphysema Years rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) lificate has been so I far use as the b of Health priar tab 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO TX TO KUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Doy Year (If either, natify medical examiner) PM. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Nat while at work 220. I certify that (M) (this hospital) oftended the deceosed from November 10, 19 67, to March 22, 19 60, that (4) (we) lost saw the deceased alive an March 22 19 60 and that in (AL) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did)(thinks) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE. **ATTENDING** MED DIRECTOR 3/22/68 DEGREE PHYS Mary Land 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) A. C. Mitchell. M. D. Deer's Head State Hospital, Salisbury 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION (City or Town) (County) 230. BURIAL, CREMATION, (State) REMOTAL (Spective) March 24.68. Ellendale Cemetery ale. Delawere, Ellendale 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR Milarles Judges VR A15 (4) Holloway & Co. Salisbury. 30M REV 1/68 Maryland, DATE

MAKTLAND STATE DEPAKIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12/32 17/13 CERTIFICATE OF DEATH Middle Last DECEASED-NAME 20 DATE OF DEATH 2b. HOUR TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in Dy-Hie funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. (Type or print) March 20 1968 FULTON B. EVANS 3:10A M 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last pirthday) MONTHS DAYS HOURS requires that the death certificate be executed within 24 hours of Male White Oct. 9, 1893 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED K DIVORCED [WICOMICO 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)

waterman Give street address) Teer's Head State Hospital INDUSTRY Salisbury Seafood 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before Rhodesoint 13d INSIDE CITY LUMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Somerset NO T 14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Job. Rachael Evans Pruitt 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes no ar unknown) Fulton Evans, Jr.-100 Choptank Ave. -Cambridge, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH is. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY Multiple pulmonary infarcts 1-2 wreks IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Years Congestive heart failure rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Years Generalized arteriosclerosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🗌 YES TO 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Day Year P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 220. I certify that (M (this haspital) attended the deceased from March 6 , 19 68 , to March 20 , 19 68 , that (L) (we) lost sow the deceased alive on March 20 19 68 , and that in (My) (our) opinion death occurred on the date and hour and from the couses stated above, () (we) (dtd) (did not) view the body after death. 226 SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 3/20/68 DEGREE PHYS. Mary Land 22d. PHYSICIAN S 22e ADDRESS NAME(Type) A. C. Mitchell, M. D. Deer's Head State Hospital, Salisbury 23d LOCATION (City or Town) (County) (State Crisfield—Somerset—Md. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, 23b DATE REMOVAL (Specify) Sunnyridge Cemetery 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15V4) Levelea Bradshaw & Sons - Crisfield, Mi. 30M REV



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	· 7 :
- -		To voice
1.	DECEASED NAME First Middle Control Curris Oliver Jarrow March 26 March 27 M	26 HOUR 3 37M
3.	SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years FUNDER 19	YEAR F UNDER 24 HRS OAYS HOURS MIN
	D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARDIED NEVED MADDIED 9. COUNTY OF DEATH	
ca	MARYLAND U.S.A. WIDOWED DIVORCED Wicomico	Md.
10.	Salisbury 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. BSUAL OCCUPATION (Kind of work done 12b Kin Salisbury 12 Peningsula General Hospital RETIRED FARINE	ND OF BUSINESS OR FRY
130 od	30 LSLAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 3d INSIDE CITY LIM 152 13e STREET AND NUMBER 13b. COUNTY WESTOVER 13b. COUNTY WESTOVER 13c. CITY OR TOWN	32(
-	4 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
	JAMES S. FARROW ELIZABETH BECK	
16	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown] (If yes give war or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Address	
	MRS.JUNE FARROW WESTOVER, MD.	
		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	PART I. DEATH WAS CALSED BY. IMMEDIATE CALSE (a) Anter osclarative front hericase (f)	whorean
	DUE TO, OR AS A CONSEQUENCE OF	\
	Canditions, if any, which gave (b)	
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	4/
,	of received and to the land to the	Marien
CEPTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?	THE CERTIFYING
MEDICAL	G OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year	
ME		State
	at work of work	
	22a I certify that (I) (this hospital) attended the deceased from 0 1967, ta 126, 1997, ta	that (I) (we) lost
	22a certify that (1) (this hospitol) ottended the deceosed from 3 19 6 1, ta 26 1, 19 5 1, saw the deceased alive an 19 6 1, and that in (my) (our) opinion death occurred on the date and his courses stated obove, (1) (we) (did) (did not) view the body after death.	iour and from the
	226 SIGNATURE 2 2 DATE SIGNE	
	Variety Degree Phys Director D	6-68
1	22d. PHYSICIAN'S NAME (Type) DAVID J. GILMORE MEDICAL CONTER, SALISBUR,	1. Md.
23	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City of Town) (County) BUPYATSACTY 23b. DATE 23c NAME OF CEMETERY OF CREMATORY PRINCESS ANNE. IN	
2/	BUPYATSPORTY) 3/28/1968 BEECHWOOD MEMORIAL PRINCESS ANNE, A 4. FUNERAL DIRECTOR ADDRESS 250 RECTU BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. RECTU BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
124	LEVIN R. WILSON PRINCESS ANNE, MD. DATE MAR 2 8 1968 Julian	Judge
	The state of the s	

MARYLAND STATE DEPARTMENT OF HEALTH

_	1	DATE OF WIND PROPER ON A PROPERTY OF THE PROPE
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
4 _74		CEASED NAME First Myddle Lost 20. DATE OF DEATH 26. HOUR
death.	- (1	ype or pr nt) Coma (ilice FishER march Doy Year 478 M
	3. SI	
offer the		INTERTIFIED DATE OF TOO OF TOO DATE HOURS MIN
Page		
haur in by rs. p	70. j	3/RTHP_ACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
within 24 haurs off in filed in by the control of the within 72 haurs af		MARYLAND U.S.A. WIDOWEDK DIVORCED Wicomico
S E	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 126, Kind OF BUSINESS OR
# 12 9 ×		Salisbury Peninsula General Hospital of working life, even if retured) INDUSTRY
oletely sent, when	130	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
	odm	SSION DIATE 136 SOMERSET & PRINCESS AN EST NO D
e execut and com remave		ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
and rem	,	GEORGE HOPKINS EMILY AUSTIN
an and in	1/-	
equires that the death certificate be exec physician. signed by the attending physicion and co burial-transit permit. Then please rema burial, cremation, ar removal, and in any		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yets give wor or dates of service)
phy en over		W.HOPKINS FISHIR PRINCESS ANNE. MD.
9 14		18. CAUSE OF DEATH (Enter only one couse per lipe) for (o), (b), and (c), ond (c), o
af iginal	1	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) & Whathan Wh Cherum C Perutonis 48-72 ha
ne death attendi permit. ion, ar n	1	DUE TO, OR AS ACCONSEQUENCE OF
tion the		Conditions, if ony, which gove)
at the the nsit promotion		oise to immediate cause (a)
tran crer	L	storing the underlying couse DUE TO, OR AS A CENSEQUENCE OF
ries ridl- ial,		lost (1) [[MANNINE COUNTENDED A RELEA COUNTED
guires that the physician. signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS GIVEN IN PART 1(6)
ng en tal	z	
s the ndi	18	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law ratending attending has been se as the h priar ta	윤	YES NO PO CAUSES OF DEATH?
OR ATTENDING FINYSICEME: The law requires the be retained by the hospital ar attending physician. DIRECTOR: After this certificate has been signed by le 3 should be detached far use as the burial-traned with the State Dept. af Health priar ta burial, creed with the State Dept.	CERTIFICATION	210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
YSICIAM: ospital ar certificate hed far u		THOR CONTRIBUTING (TICAUSE OF DEATH HOUR A.M. Month Doy Year
Signature de la companya de la compa	MEDICAL	(If either, notify medical examiner) P.M. 19
G FHYSIC the hospi this cert detached	~	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
this detack		lot work — of work —
DINC J by 1 Affer 3 be e	1	22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 19 and that in (my) (our) opinion death occurred on the date and hour and from the
d Af		saw the deceased alive an 2/1 19 BY and that in (my) (our) opinion death occurred on the date and hour and from the
ATERDING trained by the CTOR: After 1 should be dith the State		causes stoted gboye, [1]; (we) (did) (did not) view the body, ofter deoth.
A SE THE SE		226 SIGNATURE ATTENDING MED. STAFF 22C. DATE SIGNED
OR be red weed w		DEGREE PHYS DIRECTOR PHYS. DI 31/231681
AI D		22d. PHYSICIAN'S 1 77-72 229, APDRESS / 1
		NAME (Type) H. H. Drille Middle Cal Gustal Ralindres Pill
Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar ta	230	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Coupy) (Stote)
og Series	255	BORTATI 3/18/1968 ASBURY CEMETERY MT. VERNON, MD.
2-2	24	FINEPAL DIPECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR 350 REGIST
VR A15 (4) 30M REV, 1/68	24.	1 AMP A 1
30M KEV, 1768		LEVIN R. WILSON PRINCESS ANNE, MD. MAR 2 0 1968 Charles Juges

5.5 .

		one		301 W. PRESTON STREET, BALTII	MORE, MARYLAND 21201	194
1		12395	* * (CERTIFICATE OF DEATH		
1 = 2 €		CEASED-NAME First ype or pnnt)	M.ddle	Lost	20. DATE OF DEATH	2b. HOUR
- 1 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	'	ype or printy CIS	SEL CANNON	GRIMES	March 26	1°9686:50AM
s offer so offer	3. SE	X Male	4. RACE White	S. DATE OF BIRTH May 6, 1921		IF UNDER I YEAR IF UNDER 24 HRS NONTHS DAYS HOURS MIN
4 hours	7o, I cour	RIRTHPLACE (State or foreign try) Maryland	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED S	COUNTY OF DEATH WICOMICO	Md
within page	10 (ITY OR TOWN OF DEATH Salisbury	IT NAME OF HOSPITAL OR INS	STITUTION (If not in hosp tol 12a. USUAL during more eneral Hospital Mair	OCCUPATION (Kind of work done st of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
campletel ave carb		USUAL RESIDENCE (Where deceose ssion) STATE Maryland	ed lived, if institution: Residence before	13c CITY OR TOWN 13d ANSIDE CITY LIM Parsonsburg YES NO	13e. STREET AND NUMBER	reed /// //
an)	14. !	ATHER'S NAME First	Middle 1.dst	ES MOTHERS MAIDEN NAME FIR		Last
be n a din din	L	Samue1	H. Grimes			Cannon
rficate by ysician please al, and i		WAS DECEASED EVER IN U.S. ARM es, ng, or unknown) (If yes give w Yes War	ar or dates of service)	(11110)	Address R. Grimes, Parsonsbu	
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely killed in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Paghauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haurs		1B. CAUSE OF DEATH (Enter onl) PART I DEATH WAS (AUSEC IMMEDIA Conditions, if any, which gove) rise to immediate cause (o),	y one couse per line for let (h) and (r)	Pericardite		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
The law requires the attending physician. has been signed by se as the burial-trail the priar to burial, cre	ATION	Ineuma	(c)	OT RELATED TO THE AERMINAL DISEASE OR CO	20b IF YES, WERE FINDINGS CON	NSIDERED IN CERTIFYING
The I after the has e has use as use as alth pri	CERTIFICATION	210. ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY	YES NO	CAUSES OF DEATH? nature of injury in Part I or Part 2, Ite	101
PHYSICIAN: he haspital ar this certificate letached far u 5 Dept. af Healt	IICAL (or contributing cause of Death	HOUR A.M. Month Day Year per) P.M. 19			<u>.</u>
DING PHYSICIAI by the haspital lifter this certifice be detached far State Dept. af He	ľ	of work of work	PLACE OF INJURY (AT HOME FARM STREET, FAI OFFICE BUILDING, ETC.		City ar Town	County State
ATTENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate shauld be detached far uith the State Dept. af Healith the State Dept. af Healith the State Dept.		22a, I certify that (1) (thi saw the deceased al couses stated above	s hospital) attended the decease ive on	ed from , 19 96 L, and thot in (my) (our) opin body ofter death.	, to, 19 iion death accurred on the date	and hour ond from the
Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld Shauld be filed with the		22b. SIGNATURE	1 & linere	DEGREE PHYS.	22c. DA	arch 28 /1968
TO HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 Should be filed v			avid Gilmore		enter, Salisbury,	
O HC Page O FUI	230	BURIAL, CREMATION, 23b. I REMOVAL (Specify) Burial Mar		CEMETERY OR CREMATORY	23d LOCATION (City or Town) Salisbury, Wicomi	(County) (State)
VR A IS (1)	24	FUNERAL DIRECTOR	ADDRESS MPANY, SALISBURY, I	25o. REC'N EX		wes Judge

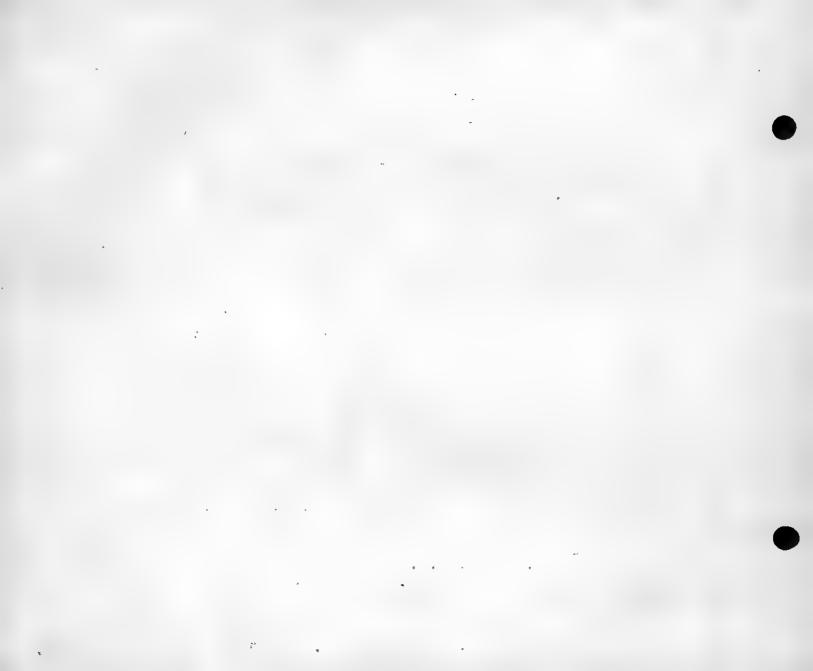
MAKYLAND STATE DEPARTMENT OF HEALTH



	1	MAKILAND STATE DEPARTMENT OF REALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
• (//	1	CERTIFICATE OF DEATH)
	1		LID.
€ =2€	1 0	Month Doy Year - 2	
er death funeral ond er death	Ι'	1908 COLLINS HALL MARCH 23 1908 67	M
ofter death The funeral The funeral The funeral The funeral	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years I F UNDER I YEAR I F UNDER 24)	HR5
# <u>≥ 3</u> =	Ι.	male June 8, 1900 loss byrinday) YRS MONTHS DAYS HOURS	MIN.
2 4 × 5 × 5	7.		
24 haues ed in by ppers. Po	(00)	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
d is		Taryland U.S.A. WIDOWED DIVORCED Wicomico	Md.
ille ille	10. (CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bosoital 120, 11St) ALL OCCUPATION (Kind of work done 12b, KIND OF RISSINGS OR	
may be retained by the haspital ar attending physician RAL DRRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur r, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 be filled with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after		Salisbury Peninsula General Hospital Farmer NOUSTRY	
d w arb	13o.	DISTIAL DESIDENCE (Whose despread load of metalstran Payadage before 12c CITY OR TOWN) 124 MIGOS CITY LIMITS 12. CTREET AND MILLIONE	—
mp ve c	odm	13b. COUNTY orcester Pocomoke PEF. D. 2	
xec may a		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	-
and and	1	John T. Hall Amanda L. Stevens	
e b an ase	37.		
Sign Sign	100	(as no assume as a little and a way or dates of convert	
ohy and			_
ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter only one cause per ling for (a), (by and (c).) APPROXIMATE INTERVAL BETWEEN DISET AND DEATH	
속 돌수은		PART I, DEATH WAS CAUSED BY:	
dec mriter 1, G	1	minute cross to	_
he ad	1	Conditions, if ony, which gave) DUE TO, OR AS A CONSPOUENCE OF MINISTER MI	-019
the the		greath immediate cause (a)	4
the ran		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
iNG PHYSICIAN: The law requires the by the haspital ar attending physician for this certificate has been signed by be detached for use as the burial-trastate Dept. af Health prior to burial, cre		lost (1) anere alignment - T Diverticul, Fix I was	
ign ign	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
o d o d	1_	Town band I	
dir.	É	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
X pring AS	CERTIFICATION	YES NO CAUSES OF DEATH?	
투 한 역 SS를 기			
AN: Cata		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	
PHYSICIAN e haspital certificat his certificat brached far	MEDICAL	(If either, notify medical examiner) P.M 19	
TYS rass	星	21d INTERY OCCURRED 21e PLACE OF INTERY CATHOMS, FARM, STREET, FACIORY 1 214 LOCATION Street of R.E.D. No. (ity or Town founds)	8
E har signal and signa	1	White Not while at work at work	
State at the state of the state	1	12/01 Learning that (1) (thus harning) attended the decorated from	last
2 4 4 5 2 X		22a. I certify that (I) (this haspital) attended the deceased from 1965, and that in (my) (aur) apinian death accurred an the date and haur and from	the
ATENDING stained by the CCOR: After 1 should be ditth the State		causes stated abave. (17 (we) (did) (did nat) view the bady after death.	1110
E P P P P P P P P P P P P P P P P P P P		226 SIGNATURE) / DATE SIGNED	
Z 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		ATENDING DAMED DIAN SELECTION OF STATE OF A SELECTION OF STATE OF	
0 9 8	1	DEGREE PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR	_
May CAL Po Po Po f	1	NAME (Type) Hith Bridge Md.	
Page 4 may be retained by the haspital ar To FUNERAL DRECTOR: After this certificate director, page 3 shauld be detached far usefuld be filed with the State Dept. af Healt	-	The total tributes the second tributes the sec	
子の日前は	230		
5-5-1	_	Burial" 3-20-1900 First Bartist Attitude -3-644	
VR ATE OF	24.	FUNERAL DIRECTOR 25d, REC D BY REGISTRAR 25d/REGISTRAR S SIGNATURE	
30M REV 108	1	Trafe of War Son Pocomoke City, Md. DATE MAR 28 1968 formal	

. b. • *

// _ 1 _ j	5=	18 18 1 17 17 400 MARTIAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FUR STATER A		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	of the state of
HEALTH DERT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do	y Year 2b. HOUR
96 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	((Type or Profit) MILTON HARPER DEATH MATED 3-22.	-68 19 M
Po de los	3 5	unst highlight DAVS HOURS MIN As at	2d HOJR
2, and 3 to PM3. Page	F	M AA 8-16-17 50 YRS 3 307 22	Year 19 68 M
E 2 2		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 11. 5. WIDOWED DIVORCED Wicomico	
ges for	10		MG. KIND OF BUSINESS OR
hours ofter death my deloy ltem 18. Give Pages 1, 2, and 3 Office along with form PM3. Po land 2 with the State Department ofter death		Salisbury g.ve_street address MD during most of working life, even if retired MD	DUSTRY
Give Sing th th	130	SUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDERCITY LIMITS? 13e. STREET AND NUMBER	
s of 18.	0	ndm ssion) STATE Md. 13b COUNTY Wicomico Salisbury YES X NO 717 Westover	Circle
hours offe Item 18. Gi Office alon Land 2 with	14. 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 bin lin lin lin lin lin lin lin lin lin l		Willie Harper Mary Ha	- Ered
ncil in nner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Jinknown) (if yes give wor or dates of service) 16b SOCIA. SECURITY NO 17 INFORMANT That Extracted 3 List and Service)	72 1
with per Exam File 72	-		APPROXIMATE INTERVAL
ou'd be executed writrord "prod" in perior (hief Medical Exaribe Transit permit. File ony event w.thin 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. Poisoning	BETWEEN ONSET AND DEATH
xecu nding Meding perr		1 IMMEDIATE CAUSE (a) POLISOTILITY DUE TO, OR AS A CONSEQUENCE OF	added to a
be e "per ief { ief { ever		Conditions, fony, which gave) Trichlorethy 1 ne	minute.
ord ord e Ch l-tra		rise to immediate couse (o). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
Should be well by the control of the		kast (c)	
KAMINER: This certificate should be executed within 24 hours ofter death te the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ye 4 should be forworded to the Chief Medical Examiner's Office along with form your files. Oge 3 should be used os a buriol-transit permit. File pages 1 and 2 with the State Decremation, or removal, and in any event within 72 hours ofter death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rtific ritiin vordi val,	NO.	19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	120 AUTOPSY?
s cei e, w forw forw	E	WAS PERFORMED?	YES TAL NO
Thr ficate be d be or n	MEDICA, CERTIFICATION	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 24 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	1B)
ER: certification of the control of	S,	PRIMARY SOR CONTRIBUTING 11:00m 3-22 1963 as boiling trichlorethylene to	, ULL 21 0
	ME		County State
pepury bloose execute the certile function by please execute the certile function by the property of the property of the prior to buriel, cremation,			owico hi
TO DEPUTY DICAL EX, necessory, please execute the funeral director Page 5 may be retained for yo TO FUNERAL DIRECTOR:Po Health prior to burial, or		22a. I certify that I taak charge of the remains described above, held an Autopsy 🕻 Inspection 🐔, Inquiry 🔼	and in my apinian
director director etained DIRECT or to bu		death resulted trans. Natural causes , Accident 2, Suicide , Hamicide , Undetermined manner	·
pleose direct retoine.		ACTUAL SIGNATURE AD ASSISTANT MEDICAL EXAMINER 226 DATE SIGN	NED
Ssory, F funeral oy be r NERAL			h 26, 1968
ro beruth necessory, the funero 5 may be 70 FUNERA Health pr		NAME (Type) 409 Canden Avo., Salisbury, Madares (Street, city, town, or county)	
TO D The the control of the control	230	PUID AL CREMATION 236 DATE 22. NAME OF CEMETERY OF CREMATORY 236 IOCATION (City of Town)	ounty) (State)
OR	L	British 3-30-65 Cedar Brave. Lawrenceville	UQ
VR ATSME (SV	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 256 REGISTRARS SIGN TOLLEY Funeral Home Salisburg Md. DATE APR 3 - 1968	es mages
10M REV 1768	L.	Jolley Funeral Home, Salisbury, Md. DAH APR 3_ 1968 June	0 0

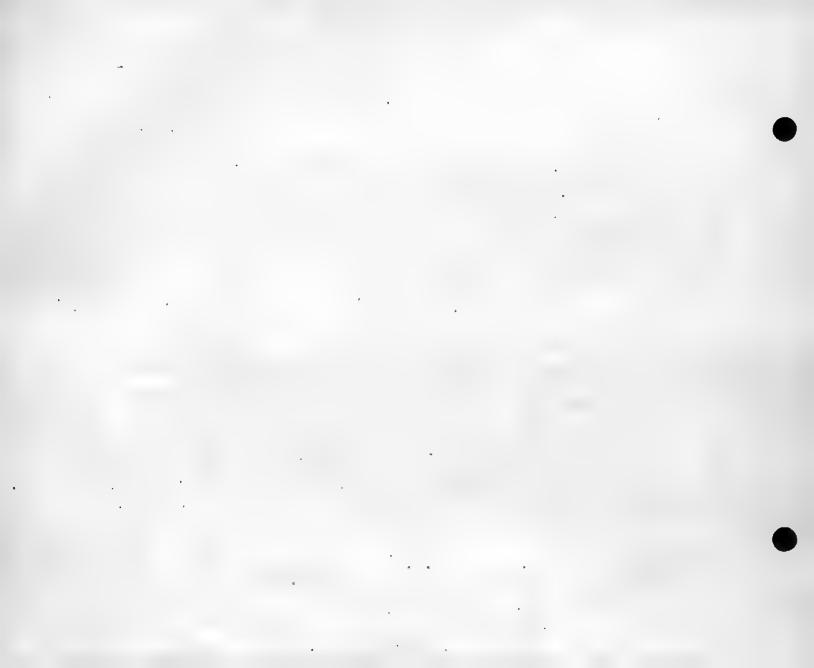


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME M ddie 20 DATE KNOWN Month Dov 2b HOUR (Type or Print) Page HARSHMAN 1968 MARGARET **JEAN** DEATH MATED 4 RACE 6 AGE (In years IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH 2d HOUR Month March Doy 16 Year 1068 Feb. 2, 1925 White Female 70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland WICOMICO WIDOWED DIVORCED X USA 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 JSUA. OCCUPATION (Kind of work done | 12b KIND OF BUSINESS OR during most of working ife, even fretzed) INDUSTRY Secretarial Work Peninsula General Hospital Salisbury 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Wicomico 208 Sheffield Avenue Salisbury YES 🔽 NO 🗌 pages land2 pencie in Item 1 IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle Toadvine Matthews E1ma May Leon haurs forwarded to the Chief Med cal Examiner's ADDRESS 704 S. Park Drive 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (Father) Mr. Leon S. Matthews, Salisbury, Maryland 218-14-4525 哥 within 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Asphyxia minutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF burnal-transit Conditions, Fony, which gave) Carbon monoxide poisoning minutes rise to immediate couse (a). shauld certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔲 NO V 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING 3-16-68 Hose connected to exhaust pipe of car CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County NOT WHILE Parker Mill Rd., Salisbury, Wicomico, road 22a I certify that I took charge of the remains described above, held an Autopsy 1, and in my and fine Inspection X. Inquity X Natural causes A Accident Suicide X, Hamicide Undetermined manner death resulted fram CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE March 18 /1968 Earl L. Royer, M.D. DEPLTY MEDICAL EXAMINER X **EXAMINER'S** 5 may ro FUNE Health 409 Camden AVe Salisbury Md. " ADDRESS(Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, 23d LOCATION (City or Town) (County) REMOVAL (Specify) March 18,1968 Parsons Cemetery Salisbury, Wicomico, Maryland Burial 24 FUNERAL DIRECTOR REGISTRAR S S GNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15ME (5)

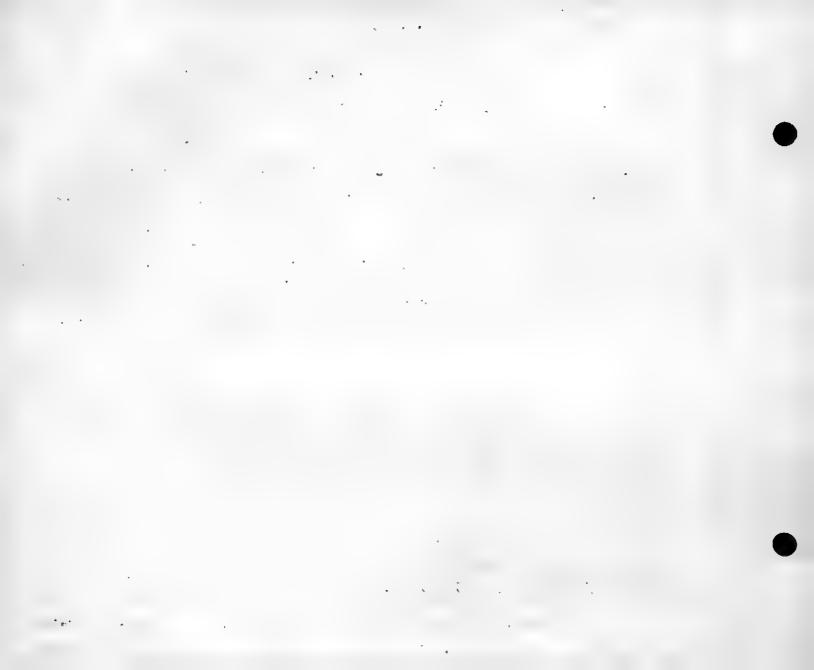
MAKYLAND STATE DEPAKTMENT OF HEALTH



- 1	MARYLAND STATE DEPARTMENT OF HEALTH	
- 1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4 3 3
ŀ	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy	Year 25 HOUR
1		48 19 N
ŀ	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
	Male Wile 2/7/49 last birthday) MONTHS DAYS HOURS MIN Month 3 Day 8 1	Year 19 68 M
	70 BIRTHPLACE (State or foreign 75 CITIZEN ON WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
L	WIDOWED DIVOKED WATGO WITCO	Me
		KIND OF BUSINESS OR
ŀ	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY CHIEF AND NUMBER	olluge
ı	odmission) STATE Md. 13b. COUNTY Hicomico Tyaskin YES NO	/
1	4 FATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle	Lost
	John C. Helms June Dicker	50%
ľ	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 INFORMANT	f. 111
-	No John C. Nelms, Jry / 15	-Kin Mo
	DADY I DEATH WIAC CANCED DV	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
l	Q// IMMEDIATE CAUSE (o) Practured skull	Sugdon
١	Conditions, if ony, which gove)	
I	rise to immediate couse (a). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
l	lost. (c)	
l	PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
l	× X 3 3 A	
i	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
1	196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216 TIME OF NURY Month, Doy Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port Li or Port 2, Item 18	YES NO 🔀
l	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCAT ON Street or R.F.D. No. (by or Town Co.	unty Stote
	AT WORK AT WORK AT WORK (A) foctory, office building, etc.) Rt. 1,82 & 31,9, Tyaskin, Vicor	nico, Ma.
l		
-	death resulted from: Natural causes, Accident [X], Suicide [], Hamicide [], Undetermined monner []	
l	ACTUAL CHIEF MEDICAL EXAMINER COLL DAYS CICLUM	
I	SIGNATURE ASSISTANT MEDICAL EXAMINER L	
	EXAMMER'S Larl I ? Jor, I.D. DEPUTY MEDICAL EXAMINER March NAME (Type) 1.00 Jan Ave., Salisbury, Pappress(Street, city, town, or county)	9, 1968
F	230. BURIAL CREMATION. 23b DAJE / 23c NAME OF CEMETIRY OR CREMATORY 23d LOCATION (City of Town) (Country)	nty) (Stote)
	BEMOVAL (Specify) 3/12/88 BIVZIVE Cem. BIVIVE, MG	· (Jioloj
ľ	24 FUNERAL DIRECTOR CIVIL GOSCIL ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR S SIGNA	
	Messick untral Ter, Bivalve, Nd. DATEMAR 1 / 1968 ACKANYES	to be made to



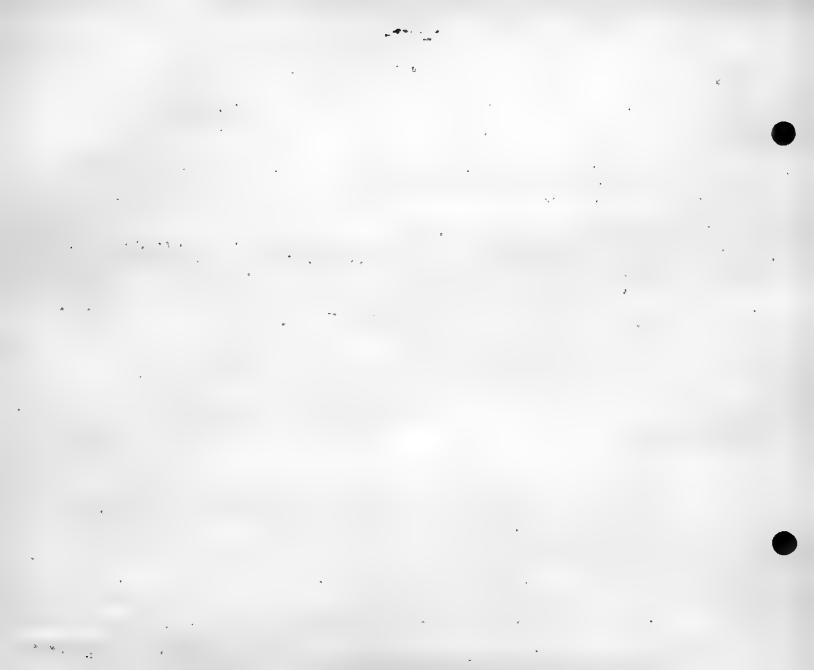
		MARYLAND STATE DEPARTMENT OF HEALTH	
0		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
77		CERTIFICATE OF DEATH	ý ·
£ 67 £		ECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
FHYSICIAN: The law requires that the death certificate be executed within 24 hours after death he hospital ar attending physician his certificate has been signed by the attending physician and complete, filled in by the funcion stacked far use as the burial-transit permit. Then please remove techan papers. Pages with Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs and death	1	Type or print) CLAY LEWIS Hontschel March Month Doy	1968 6 P M
in the state of th	3. \$1		INDER 1 YEAR IF UNDER 24 HRS.
th the contract of the contrac	L	Male White Dec. 18, 1914 (ost birthday) YRS. MON	THS DAYS HOURS MIN
by by	7a.	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9 COUNTY OF DEATH	
d in pers	Wa	shington, D.C. USA WIDOWED DIVORCED Wicomico	Md.
filled in paper thin 72	10.	CITY OR TOWN OF DEATH 12. NAME OF HOSPITAL OR INSTITUTION (If not in bosoital 120 IISIIA) OCCUPATION (Kind of work dame 1)	2b KIND OF BUSINESS OR
lere bo	_	Salisbury General Hospital Salesman - Indus	trial Supply
Smplet (very very very very very very very very	13c	INCIDENTE (Where decreased level of institution, Passidence lefters, 13c (ITV OR TOWN) 13d INSIDE CTV HINTS? 113a STREET AND NUMBER	
ever a state		Maryland Wicomico Salisbury "X " " 104 W. Isabell	a Street
and and and in any	14.	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last
be In a se I	<u></u>	(unknown) Agnes Marie	(unknown)
equires that the death certificate b physician. signed by the attending physician i burial-transit permit. Then please burial, crematian, ar remaval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) { (if yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT (Wife) 104 W. Addressa be 1	la Street
phy en ava	⊨	No 212-03-9215 Mrs. Kay Hentschel, Salisbury, Ma	APPROXIMATE INTERVAL
en Te		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
leat end mit.	L	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ARREST LUTY C	
per aff		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	8 mos
the the mail		nse to immediate cause (a).	
train, cre		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
equires that the death co physician. signed by the attending burial-transit permit. Th burial, crematian, ar rem		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
The law requires th attending physician has been signed by se as the burial-tra th priar ta burial, cre		TAKE 2 OTHER SIGNIFICANT COMPUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMPUTION GIVEN IN FART 1(0)	
DING FHYSICIAM: The faw re by the hospital ar attending (fer this certificate has been be detached far use as the State Dept. af Health priar ta	CERT, FICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
the farther mass and springs	A PE	YES NO CAUSES OF DEATH?	
T T ar ar a use	ERI	21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2. Item	18.)
ifical far far f He	₫	☐ OR CONTR BUTING ☐ CAUSE OF DEATH HOUR A.M. Month Day Year	,
G RHYSICIA the hospital this certifical detached fa e Dept. af H	MED	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Town.	ounty State
this etac		While Not while of work Art work	,
NG the factor of	П	22a, I certify that (1) (this haspital) attended the deceased fram	, that (I) (we) last
NDI Sed to Id bi	1	saw the deceased alive an 19 and that in (my) (nur) annian death accurred on the date a	ind haur and from the
Pagin Hara	П	causes stated above, (1) (we) (did) (did nat) view the bady after death. 226 SIGNATURE	SIGNED
ITAL OR ATTENDING may be retained by the AL DIRECTOR: After page 3 shauld be do be filed with the State	L	ATTENDING MED. STAFF	- 17 - 6 F
D P P P P P P P P P P P P P P P P P P P	1	22d. PHYSICIAN'S 22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS 22e. ADDRESS 22e. ADDRESS	17-88
ma ma		NAME (Type) New Minks W. Todd M.D SALISBURY: 11)	AC. Yland
Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Healt	730		aunty) (State)
Pag Pag Shc	1.00	Buria March 20,1968 Wicomico Memorial Park Salisbury, Wicomic	17 3 7
VR A15 (4)	24.	FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 2SD REGISTRAR'S SIGN	NATURE
30M REV 1/68		HOLLOWAY & COMPANY, SALISBURY, MARYLAND DAMAR 2 1 1968 Schools	of the same



_ 1	MARYLAN	ID STATE DEPARTMENT OF	HEALTH	
1	DIVISION OF VITAL RECORDS	301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	7114
Item 6 Fil	m G399 4/5/68 kk	CERTIFICATE OF DEATH	-)/ 00 kg	24
± _ ≃ €	First Middle	Lost	2a. DATE OF DEATH Month Day	2b HOUR
(Type or print)	BABU	Holland	March 27	1968 2 25 M
3/ SEX	4. PACE	S. DATE OF BIRTH	6 AGE (n years	IF UNDER 1 YEAR IF UNDER 24 HRS.
the same Male	Negro	3-27-	68 /ast birthday)	MONTHS DAYS HOURS M. H.
Jo BIRTHPLACE (State or from the function of t	· · · · · · · · · · · · · · · · · · ·	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
10. CITY OR TOWN OF DEA.	U.S.A	WIDOWED DIVORCED	Wicomico	Md.
10. CITY OR TOWN OF DEA		STITUTION (if not in haspital 12a. US	UAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death certificate has been signed by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral shauld be detached far use as the burnal-transit permit. Then please remave carbon papers. Pages and 2 shauld be detached far use as the burnal-transit permit. Then please remave carbon papers. Pages and 2 shauld be detached far use as the burnal-transit permit. Then please remave carbon papers. Pages and 2 shauld be detached far use as the burnal-transit permit. Then please remave carbon papers. Pages and 2 shauld be detached far use as the funeral station of the funeral conditions. The funeral conditions are stating the underlying at wark at the funeral conditions. The funeral conditions are contained in the funeral conditions. The funeral carbon pages and 2 shauld be detached within 72 hours after death at wark at the funeral conditions. The funeral carbon pages are considered for the funeral carbon pages. The funeral carbon pages are considered for the funeral carbon pages. The funeral carbon pages are considered for the funeral carbon pages. The funeral carbon pages are considered for the funeral carbon pages. The funeral carbon pages are carbon pages. The funeral carbon pages are carbon pages and carbon pages are carbon pages. The funeral carbon pages are carbon pages. The funeral carbon pages are carbon pages and carbon pages are carbon pages. The funeral carbon pages are carbon pages. The funeral carbon pages are carbon pages and carbon pages are carbon pages. The funeral carbon pages are carbon pages are carbon pages. The funeral carbon pages are carbon pages are carbon pages. The funeral carbon pages are carbon pages are carbon pages. The funeral carbon pages are carbon pages are carbon pages. The funeral carbon pages are carbon pages are carbon pages. The funeral carbon pages are carbon pages are carbon pages. The funer		General Hospit	ngstpt working life, even if refired.)	INDUSTRY
130 USUAL RESIDENCE (WH	nere deceosed lived, if institution. Residence before	134 CITY OR TOWN 134 INSIDE CITY	EMITS? 13e STREET AND NUMBER	
admissian) STATE	13b. COUNTY RCESTER	Bishop YES	NOTE RYH3	
admission) JAPE 6	irst Middle Lost	IS MOTHER'S MAIDEN NAME	First Middle	Lost
Le L	UIN HOLLANG	TRICILLA	Janua & Predea	ux
16a WAS DECEASED EVER Yes, no, or unknown)	IN U.S. ARMED FORCES? (If yes give wor at dates of service)	NO 17 INFORMANT	Address	11-1 11 . 2
16a WAS DECEASED EVER Yes, no, or unknown)		Levin H	ollANd - Bishop	
9 PE 18. CAUSE OF DEATH	H (Enter anly one cause per line far (a), (b), and (c) WAS CAUSED BY. 1MMEDIATE CAUSE (a)	1	# 1/1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
dath of the permit of the central of	WAS CAUSED BY. IMMEDIATE CAUSE (g)	aturatu - 1	13/200	
on different	DUE TO, OR AS A CONSEQUENCE OF	٥		
年 書意 Conditions, if any, w	(b)			
rise to immediate of stating the underlyi	.0036 [0], {			
bhysician. Signed by the congistions to immediate a stating the underly last. Congistions of the congression of the congressi	(c)			
transfer of the form of the form of the form requires the first of the form of	IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART 1(0)	
S //t x				
The law rate of the law rate o	ON 196. CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
the law are the law are the law are the has been as the law are the has been as the law are the law ar		YES NO		
AN: The definition of the defi	UNDERLYING 21b. TIME OF INJURY CAUSE OF DEATH HOUR A.M. Month Doy Yeor		ter nature of injury in Part 1 or Port 2, It	tem 18.)
SSICIAN Spring Contribution Certifica Certifica Certifica Contribution Contribut	dical examiner) PM	9		
PHYSICIA The haspiral haspira	ED 21e. PLACE OF INJURY (AT HOME FARM STREET, FA	(CORY.) 21f LOCATION Street or R.F.D. N	lo. City or Town	County State
at wark at wark		100	1.0	41 - 40 4 2 2
图 章 章 思	at (I) (this hospital) ottended the decease ceased alive an March 27	ed from, 19_	ninian doath accurred an the dat	, that (I) (we) last
OR ATTEN OR ATTEN OR CONTROL OF	ed above, (I) (we) (did) (did not) view the	body after deoth.	printin death accorred an the dai	e alla libar alla Italii ille
TE BE E	. 100		22c. D	ATE SIGNED
Mill de Sing Res	10m C. 11100	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	128/68
22d. PHYSIGAN'S		22e. ADDRESS		1
MAME (Type)				
Page 4 may be retained by the haspital ar To FuneRal Or Europe Amy be retained by the haspital ar To FuneRal Director. After this certificate director, page 3 should be filed with the State Dept. at Healt work has at mark		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	3-29-68 Duk	. 4		ore. Hd.
VR A15 4 24. SUNERAL DIRECTOR	Jaco. Jersey Rd. P.S.	2So. REC'D	BY REGISTRAR 968 256. REGISTRAR'S	and and a
30M REV. 1468/ Coretta D.	Joney Salibbiery	DATE!	1 6 - 1001.	4



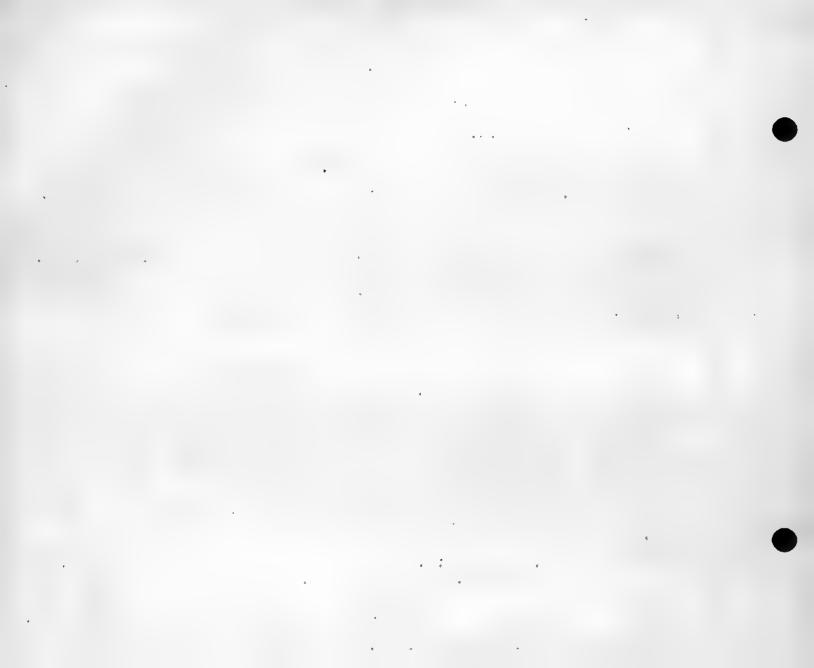
MARYLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH	
Aller		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	23
		CERTIFICATE OF DEATH	** J
ح مح		CEASED NAME First / Middle Last 2a. DATE OF DEATH	2b HOUR
death and 2 death	(1	ype or print) JOHN WALLACE Nudson March Month 23 Day	68 Year 4 55 M
ter - de	3 SE	I not high day)	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS M.N.
nan's after rby that full s. Pages I havrs after		male W MR, 2,1881 87 YRS.	MINS DATS HOURS MIN
2 a a	7a. l	SIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Paris 727	K	SATEACUTICANO (), C.A. WIDOWED DIVORCED WICOMICO	Md.
	10. 0	ITY OP TOWN OF DEATH III NAMEDE HOSPITALOX INSTITUTOR OF DOSO, OF USUAL DESUPATION IK DO OF WORK DODA I	12b KIND OF BUSINESS OR INDUSTRY
equires that the duath certificate be executed within 24 his physician. Signed by the attending physician and campletely filted-in burial-transit permit. Then please remave carban mapars. burial, crematian, or remaval, and in any event, within 72 h			THE STATE OF THE S
ecuted wif completely ave carbar y event, wi		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d MS DE CTY LIMITS? 13e, STREET AND NUMBER \$199) STATE, YES NO 7	05
e execute and camp remave n any eve		MARYLAND WIRCESTER ACGAN CITY TO NO 4 PORCHES	TEO ST
and rem	14 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	LOST
e be	140	WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO 17 INFORMANT] Address So	WCONDY MD
ertificate be physician e nen please aval, and i		es an ar unknown) (11 yes que war or dates of service)	CH28087110
phy nen navo	⊨		APPROXIMATE INTERVAL
the second secon		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
dina trmit t, or		IMMEDIATE CAUSE (a) Backboom	
the e al		Canditians, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) (b) Carrain least infection	2 years
y th msii		rise to immediate couse (D), (D)	3
The law requires that the dwath ce attending physician. has been signed by the attending se as the burial-transit permit. The priar ta burial, crematian, or rem		stating the underlying cause lost Bleeler Stone	1 year?
Juire shys igne urio urio		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
r rec	22	: X Dealtes	
The law ratending attending has been se as the h priarta	AT S	190. DATE OF OPERATION 196. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
affin has has	CERTIFICATION	3-22-68 Cystoscopy YES NO X CAUSES OF DEATH?	
NN: If ar crate ar u teal	<u>2</u>	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item OR COMER BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	m 18.)
Pitch Partification	MEDIC	(If either, not fy medical examiner) P.M. 19	
DING PHYSICIAN: The law requires that the d _m ath certificate be executed by the haspital ar attmoding physician. After this certificate has been signed by the attending physician and cample be detached far use as the burial-transit permit. Then please remave ca State Dept. af Health priar to burial, cremation, or remaval, and in any event	2	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STRET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town While Not while	County State
the det	1	at work — of work —	P that //\/ /www\ last
Plant Affe		220. I certify that (I) (this hospital) attended the deceased from 3-18, 1968, to 5-23, 1968 sow the deceased olive on 3-18, and that in (my) (our) opinion death occurred on the date	ond hour ond from the
OR: acid		couses stated above, (I) (we) (did) (d id no t) view the body after death.	
R AI refer 3 sh		ATTENDING COMED CONTROL STAFF	TE SIGNED
DIR be	1	The Property of the Property o	7.3 - 68
ITAI may RAL po	ı	22d. PHYSICIAN'S NAME (Type) To seph (+ tager ald M.D.	
TO HOSFIITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far ushauld be filed with the State Dept. of Heal	22-	B_RIAL, CREMATION, 23b. DATE 1 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
E direction	230	RPMOVAL (Specify) 2 3 25 68 EVERGREEN BERLIN W	IR - MD.
TH.	24	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
VR A15 (4) 30M REV. 1)		Inne A. Burboge Berlin ma- DAMAR 2 6 1968 journe	is judge



1	MARYLAND STATE DEPARTMENT OF HEALTH On DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	.) 5
ALTH DEPT.	DECEASED NAME First Middle Last 20 DATE KNOWN Month Day Yea (Type or Print)	1 2b HOJR
2, and 3 to PMS. Poge	SEX 4 RACE 5 DATE OF BIRTH 6. AGE (in years 15 UNDER 1 YEAR 15 UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN Month Day Year 196	2d HOJR
report 1, 2,	o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9.	Md
ive Poge	O CITY OR TOWN OF DEATH II NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of working its, even if retired) Salisbury 1009 Delatiaro Ave. 30 USUA, RESIDENCE (Where deceosed lived, if institution Residence before 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER	BUSINESS OR
urs offe n 18 Gu rce alon d2 with er deoth	odmission) STATE PId. 136 COUNTY Triconico Salisbury VES END 1007 Delaware At	VO a
hin 24 hours offer ncil in Item 18 Gr niner's Office along poges Tond 2 with hours offer deoth	Alford Dennis Fiebece ? So WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT ADDRESS	1021
withir Examin File po	(Yes, no, an unknown) (If yes give war or dates of service) Virgie Powell Evans Pl. Salis.	Md .
executed nding of Medical permit nt with it	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute confestive heart failure 1 2 7 0 Due to, or as a consequence of	ONSET AND DEATH
EXAMINER: This certificate should be executed within 24 haurs after death execute the certificate, writing the word "pending" in pencil in Item 18 Give Poges 1, or. Poge 4 should be forwarded to the Chief Medical Examiner's Office along with harm for your files. Tok: Poge 3 should be used as a burial-transit permit. File poges I and 2 with Nee State Deurial, cremation, or removal, and in any event within 72 hours after death	(b) DUE TO, OR AS A CONSEQUENCE OF	
ficote sing the rded to as a but if, and if	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) EXPOSIZE to cold.	
his certi ate, write forwo be used remove	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTO YES 21a EXTERNAL CAUSE WAS 21b. T ME OF IN. JRY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	44.40
KAMINER: This certificate she te the certificate, writing the wife 4 should be forworded to the your files. Oge 3 should be used as a buring a should be used as a buring cremation, or removal, and in	PRIMARY OF CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
bical Examiner: se execute the certi ctor. Poge 4 should ned for your files. ECTOR: Poge 3 shou	White NOT WHITE factory, affice building, etc.)	Sto†e
DICAL ISSE exect ector. Por ined for RECTOR: o buriol	deoth resulted from Notural couses [X], Accident [], Suicide [], Hamilide [], Undetermined manner []	n my opinion
necessory, pleose exect the funeral director. Po 5 may be reto med for 10 FUNERAL DIRECTOR: Health prior to buriol.	ACTUAL SIGNATURE SIGNATURE Lari L. Royer, 1. D. DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER IT I arcit 7, NAME (Type) 1,09 Camdon Ave., Salisbury, Mdaddress(Street, city, town, or county)	, 1963
TO DEPUT necessory the fune 5 may b TO FUNE Health R	236 BURIAL, CREMATION, REMOVAL (Specify) 318/68 236 NAME OF CEMETERY OR CREMATORY Show Hill Cemetery Chow Hill Lorgestor ADDRESS 237 REC'D BY REGISTRAR 256 REGISTRAR 5 SIGNATURE	(State)
VP AT SME IST	All to at the total west.	and the

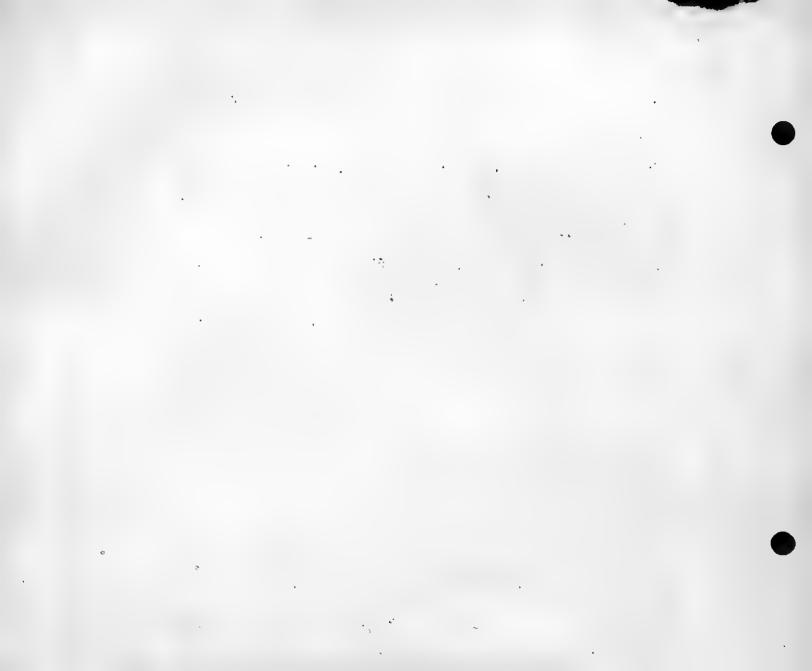




1					EPARTMENT OF				
1		01908	DIVISION OF VITAL RECO				RYLAND 21201		. 112
				CERTIFICA	TE OF DEATH				
-		CEASED-NAME First ype or print) Carl		-	Last	2a DATE OF	Month Day	Yeor	2b HOUR
		Cail		1	Jones	MA	ech 27	68	5 AM
	3 SE		4. RACE white	5.	Feb. 8,	1881	6 AGE (In years last birthdey)	MONTHS DAYS	HOURS MIN
	7n F	Male IRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8		9. COUNTY OF			
	canu	Maryland	U.S.	WIDOWED _	NEVER MARRIED DIVORCED	Wicon	nico		Md
,	- 1	ity or town of death Salisbury		a Genera	Hospitt	ALT of Marin	Madai work done hie executivetired.)	126 KIND OF B INDUSTRY	USINESS OR
4	13a. admi	USUAL RESIDENCE (Where decedesion) STATE Md.	sed lived, if institution Residence by 13b. COUNTSomerse	Wrince:	ss Anifec	NO NO	REET AND NUMBER		
1	14. F	ATHERS NAME First George			MOTHER'S MAIDEN NAME Charity A		Middle nson		Lost
	160.	WAS DECEASED EVER IN U.S. AR. es, na, ar unknown) (If yes give	MED FORCES? 16b. SOCIAL SEC		ORMANT		RoutadressL,	Box 2	153
		TEO TEO		Mrs	. Sallie	Jones,	Princess	Anne,	Md.
		PART I. DEATH WAS CAUSE IMMEDI Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENT	reemo	wel_			BETWEEN ON	CC-
		rise to immediate couse (a), stating the underlying couse last.	(D)	CE OF					
	*		ONDITIONS CONTRIBUTING TO DEATH	elu)00		RCONDITION GIVE	N IN PART 1(0)		
χ	CERTIFICATION		CONDITION FOR WHICH OPERATION V		20a. AŬTÕPSY? YES [] NO [CAUSES	YES, WERE FINDINGS CO OF DEATH?		RTIFYING
	MEDICAL CE	210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exam	HOUR A.M. Manth Day	Year 19	INJURY OCCURRED (En			tem 18.)	
	W 1	While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STI OFFICE BUILDING, E		TION Street or RFD		or Town	County	State
		22a. I certify that (I) (the saw the deceosed causes stated above	his haspital) attended the de olive an re, (I) (we) (did) (did nat) view	ceased from	hot in (my) (our) a	pinion deoth	occurred on the do	te and hour o	(I) we) last and from the
		22b. SIGNATURE	Q. 9000	__ DEGREE	ATTENDING > C	MED.	STAFF D 22c. I	DATE SIGNED	65
1		22d. PHYSICIAN'S NAME (Type) Wilbe	R R. Ellis J	R	22e. ADDRESS	. 4	ter - SAI	isbung	md.
ز	230 L	BURIAL, CREMATION, 235.	DATE 23c NAI	ME OF CEMETERY OR CI	etery	23d LOCATIO	on (City of Town) ernon; Son		
37	24/	FUNERAL DIRECTOR	me Pri	oress An	ne Md RECT	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	dec.



		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4 1
The second		CERTIFICATE OF DEATH	: ') (
円改権)		DECEASED NAME First Middle Lost 2a. DATE OF DEATH (Type or print) A Month Day Year	26 HOUR
haspital ar attending physician. his certificate has been signed by the attending physician and completely filled in by the funeral stacked for use as the burial-transit permit. Then please remove carban popers. Pages I (and bept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.		(Type or print) CLARENCE JONES MARCH 1 Year	T. M
s 1 ffer	3. SE		F UNDER 24 HRS. HOURS MIN
FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tot director, page 3 should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the		MALE NEGRO UNINOUN 7/ YRS	HOOKS WHITE
hau		BIRTHPLACE (State or foreign / 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Per 72		MARY ANY U. 3, 14. WIDOWED DIVORCED Wicomico	Md.
Έ		CETY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work notife even if retired) INDUSTRY	OF BUSINESS OR
		Salisbury Peninsula General Hospital RABORER	
22	13o, adm	NUSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY LORENTS TER Species Letter Species Letter 13c. CITY OR TOWN 13d INSIDE CITY LIMITS?	× 147
2	. 14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAJDEN NAME First Middle	Last
		CNKNOWN (NKNOWN	
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address Not of the	7
	1	CAMPACUA - 138-01-1199 FLMORE HAKMON SAIW BILL	MO.
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), only (c))	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) [Memoior of the country of the	Sux_
		TI OF T DUE TO, OR AS A CONSEQUENCE OF,	
		Conditions, it any, which gave (b) Alleworleth Colder small lein	
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		last, (c)	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	8	+	
,	CATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH?	CERTIFYING
	CENTIFF	TES [] NO []	
	AL C	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GRAIN HOUR A M Mainth Day Year	
	MEDICAL	(If either, natify medical examiner) P.M. 19	
	ωZ.	21d INJURY OCCURRED While Not while at work at	State
		22a. I certify that (1) (this haspital) attended the deceased from 1967, to 3 1, 1967, tha	12/0 Aug 1 1- 1
		22a. I certify that (1) (this haspital) attended the deceased from 1967, to 371, 1967, the saw the deceased olive on 271, 1967, and that in (my) (aur) apinian death accurred an the date and haur	r and fram the
		couses stoted abave, (1) (we) (did) (did not) view the body after deoth.	WIN DAILING
		22b SIGNATURE 22c. DATE SIGNED	
		Deni W The DEGREE PHYS DIRECTOR DIRECTOR PHYS. DI 3-2-	68
,		22d. PHYSICIAN'S NAME (Type) 1/2 Told 12 Tol	"
1		THEVING W. LOCK MAD PHENT CANCEL SAINSSIE	ey INV
0	231	BURNAL CREMATION, 23h DATE 23c NAME OF CEMETERY OR FREMATORY 23d LOCATION (City or fown) (Couply)	(State)
5		THURST STREET 1968 MT - WES EY CEM SOLUL WELL WERE	1110.
68	24	FUNCTION ADDRESS Swald Stands Swald MAR 6 1968 FUNCTION DATE MAR 6 1968 FUNCTION DATE MAR 6 1968 FUNCTION DATE MAR 6 1968	HATES :
PO	1	Suardi Douros Sivoso Alice VIII. DATE WITH	0



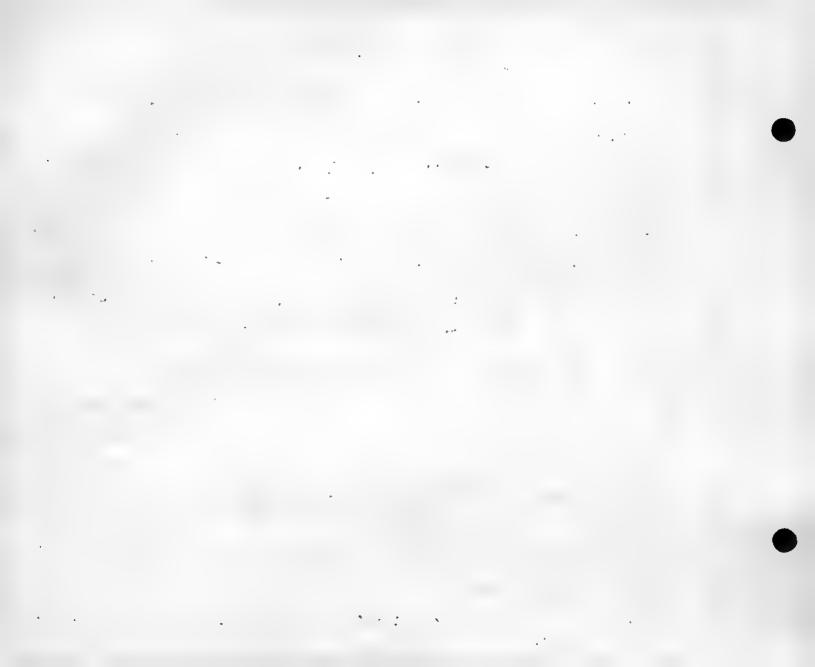
	5 2 5 M A		ND STATE DEPARTMENT OF		
^ 1 ,	COS D	IVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	
\ . / L			CERTIFICATE OF DEATH		. , , ,
1.	DECEASED NAME First (Type or print)	Middle	Last	2a DATE OF DEATH Month Day	Year 2b. HOUR
L	Demicer	James	Anne	march 11	6011PM
3.	SEX	4. RACE	DATE OF BIRTH	6. AGE (In years lost birthday)	MONTHS DAYS HOURS MIN.
	MALE.	Colored	July 4, 189	V YRS.	
70	BIRTHPLACE (Stote or fore gn 7b	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. COUNTY OF DEATH Wicomico	
120	Dames Quarter	MD. USA	WIDOWED DIVORCED DIVORCED WSTITUTION (If not in hospital 12a US	UAL OCCUPATION (Kind of work done	Md 12b. KIND OF BUSINESS OR
ı	Salisbury	Pett1tsula	General Hospit	and of work nguite, even if retired)	INDUSTRY Letired
, 13 od	o USUAL RESIDENCE (Where deceased	lived of institution: Residence before 135 COUNTY Set		NO [] 13,e STREET AND NUMBER	
14	I. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	First Middle	Lost
	John S.Jone	85	Jane Leat	herbury	
10	60, WAS DECEASED EVER IN U.S. ARMED			Address	
L	Yes, na, ar unknawn) (II yes give war o	t coves or service)	Mrs Glayde	s Jones, Allen, N	
	18. CAUSE OF DEATH (Enter only	one cause per tine for (a), (b), and (0). ^ 9-1	1-1-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED B		leusion Dehr	paraleon-	9
	470 X	DUE TO, OR AS A CONSEQUENCE O)E	1	Lucis
1	Conditions, if any, which gave) rise to immediate couse (a),	(b)s	Decondary	anena	601
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	DF+-1) * 0 1() 1 - 1 Onfluer	ral - H
	lost 4	(1) Illu	le Qual	infections (17 Lucieu
	PART 2. OTHER SIGNIFICANT COND!	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(6)	0
5	5 CULL VIS	elected of the state of the sta	PERFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONCIDEDED IN CEDTIEVING
183	190 DATE OF OPERATION 196 COL	NDITION FOR WHICH OPERATION WAS	YES NO	CAUSES OF DEATHS	ONZIDEKED IN CEKTILITING
	21a. ACCIDENT WAS UNDERLYING	21b, TIME OF INJURY		iter nature of injury in Part 1 or Part 2,	Item 18 \
		HOUR A.M. Manth Day Ye	or	ner nature of milary so real t of real 2,	10.7
Lafe D	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21d INJURY OCCURRED 21e, PL		FACTORY, \ 21f. LOCATION Street or R.F.D. I	Na. City ar Town	County State
	While Not while	OFFICE BUILDING, ETC	FACTORY,) 21f. LOCATION Street or R.F.D. I		4
	22a. I certify that (1) (this	haspital) attended the deced	ised from MAN, G. 19	68 to Medi 1 19	68 , that (1) (we) las
	saw the deceased aliv	e on luarill	_19 <i>60 &</i> , and that in (my) (our) a		
	causes stoted obave, (I) (we) (the not) view th	e body ofter death.		
	22b. SIGNATURE	Actor BD	ATTENDING TO	MED. STAFF	DATE SIGNED
	22d. PHYSICIANS	of former	DICREE PHYS.	DIRECTOR PHYS.	2/11/00
	NAME (Type)	erbert Sel	mby Sa	lisbury. Me	angleur
23	30 BURIAL, CREMATION, 23b. DA	TE 23c NAME (OF CEMETERY OR CREMATORY	23d LOCATION (City or Tawn)	(County) (Stole)
	- DEMONIA (Caratta)	7/68 Mace	donia	Dames Querte	m Md
U .	4 FUNERAL DIRECTOR	ADDRE	SS 2So. RECT	BY REGISTRAR 19 COSb. REGISTRARS	
	William H. Jame	s Jr. Princess	Anne Md DATE	11 1 1000	1 3 ,



- 1				BUILDIAN		IND STATE D						
		04969		DIVISION	OF VITAL RECORD		STON STREET,		RE, MARYLAND 2120	J		# £ ,
	1. DEC	EASED NAME	First		Middle	6617111161	Lost		DATE OF DEATH			2b. HOUR
1		pe or print)	DOR	OTHY	VIOLA	ŀ	ETCHAM		March	gaz	f968	6:30AM
	3. SEX			4 RACE		S	DATE OF BIRTH		A AGE (In years		UNDER I YEAR	IF UNDER 24 HRS
		Female		1	White	N	lov. 5, 1	1913	last birthdoy)	rs. Mon	VIHS DAYS	HOURS MIN
	7o Bl count	RTHPLACE (State or f	oreign		WHAT COUNTRY?	8, MARRIED	NEVER MARRIED	_]	UNTY OF DEATH			
L		New Yor		USA		WIDOWED [-		COMICO			Md
		Y OR TOWN OF DEAT Salisbu	ry	9	I NAME OF HOSPITAL OR live street address) Peninsula (General H	lospita d	ring most of Retir	UPATION (Kind of wark do working afe, even if retire ed Telephone	d) Ope	12b. KIND OF BI INDUSTRY erator	JSINESS OR
	130. L admis	SUAL RESIDENCE (WITE NOTE) STATE Mar	ere deceose y 1 and	ed lived, if inst	titutian Residence befo YWicomico	re 13c CITY OR T	OWN 13d. IRS	NO [13e STREET AND NUMBER 609 Dover			
1	14 F#		irst	Middl			NOTHER'S MAIDEN		M ddle	à		Lost
			1 ter		harles Ri			Louise			Willia	amson
		VAS DECEASED EVER : s, no, ar unknown) No		ED FORCES? or or dates of service	166 SOCIAL SECURI 060-03-4	17. INF +379 Mr.	ORMANT (Hust LeRoy Ke	oand) etcham,	609 Dover S Salisbury,	tree	et yland	
Ī		8. CAUSE OF DEAT	1 (Enter ani	y and cause po	ar line for (a), (b), and	(4)			4		APPROXIMA	ITE INTERVA. ET AND DEATH
1		PART I. DEATH V	IWWEDIY.	TE CAUSE (a) _		Cuce	mac -	Breo	¬T -		5 4	rs
		114X	hish mana b	DUE TO,	OR AS A CONSEQUENCE	OF						
ı	- 1	Canditians, if any, w ise to immediate c	ause (a),	(b)_	DD 16 4 COMECONIUM	nr.						
1		tating the underlyi	ng cause		OR AS A CONSEQUENCE	OF						
			FICANT CON	(c) DITIONS CONTE	RIBUTING TO DEATH BUT	NOT RELATED TO	HE TERMINAL DISE	ASE OR CONDIT	ION GIVEN IN PART I(o)			
	- 1	1704		-			•					
1	CERTIFICAT ON	9a. DATE OF OPERATION	ON 19b. 0	ONDITION FOR	WHICH OPERATION WAS	PERFORMED	2Do. AUTOPSY?		20b. IF YES, WERE FINDIN	GS CONSI	IDERED IN CER	TIFYING
	E						YES 🔲	NO 🗌	CAUSES OF DEATH?			
		Ta. ACCIDENT WAS	UNDERLYING	G 21b. TIM HOUR A	E OF INJURY .M. Manth Day Ye		INJURY OCCURRED	Enter natur	re of injury in Part 1 ar Par	t 2, Item	1 (8.)	
	MEDICAL	OR CONTRIBUTING [icol exomin	er) P	.M.	19						
		21d. INJURY OCCURR While Hot while t wark at wark	\sqcup		RY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.				City ar Tawn		aunty	State
		22a. I certify th	at (I) (thi	s haspital)	attended the dece	ased fram	that in (my) In	, 19	to	19	, that (I) (we) las
		causes state	eq apave reasea al	, (I) (we) (d	id) (did nat) view th	, and ne bady after de	ath.	or) abillion	death occurred an the	; aute (utia naur ai	ia iram m
-	Ī	22b. SIGNATURE	112	a. 11	7				STATE	22c. DATE	E SI G NED	
1		4	1	ray		DEGREE	PHYS,	MED DIRECTO		Marc	ch /8	/1968
/		PHYSICIAN'S NAME (Type) D	r. H.	Gray	Reeves		Medical	Cente	er, Salisbury	, Mē	aryland	<u> </u>
	23o.	BURIAL, CREMATION,	23b. D			OF CEMETERY OR C			. LOCATION (City or Town)	,	County)	(State)
1		REMOVAL (Specify)	Ma	rch 19	.1968 Wicol	mico Memo	orial Par	rk Sa	Alisbury, Wig	comi	co. Ma	ryland
3		UNERAL DIRECTOR	E COM	DANY	SALISBURY,		250	RECTO BY REG	1968	720	dide	3
		INFERMATI	O COM	1 DIST.	OWET SOOK I	THAT LEAN	UAII		V		-	



	1	MARYLAND STATE DEPARTMENT OF HEALTH								
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
		CERTIFICATE OF DEATH								
- (KE)		ECEASED NAME First, Middle Last 2a, DATE OF DEATH 2b. HOUD								
eat a second	(Type or print) MELISSA KING MARCH 9 Day 1968 7 AM								
ar d	3. SI									
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carban papels Pages 1 and with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death	F	EMALE COLORED NOV 18-1918 lost birthday) YRS. MONTHS DAYS HOURS MIN								
# / ja		BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARPHED WARPEND 9 COUNTY OF DEATH								
A F SSC	(00)	MD 4.5.A. WIDOWED DIVORCED Wicomico								
nin 24 filled pape pape thin 7	10.	TITY OR TOWN OF PEATU III MAKE OF DISCOVERY OR INCTITUTION /If not in house of DISCOVERY OR DISC								
equires that the death certificate be executed within 24 physician. signed by the attending physician and completely filled the burial-transit permit. Then please remave carban papel burial, crematian, ar removal, and in any event, within 72		Salisbury USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN 137 MARIE OF HOWING INFORMATION (In dial in hospital and in								
ecuted with completely ave carbor y event, wi	13o.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CTY OR TOWN 13d MSIDE CITY LIMITS? 13e. STREET AND NUMBER								
compared										
and c	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last								
be n or din din d		GREENIE JONES JUSIE JONES								
ane de la composition della co	16a	WAS DECEASED EVER IN U.S ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (es, no, or unknown) (11/4/es give wor or dates of service)								
e death certificate b attending physician ermit. Then please an, ar removal, and i		AN WOOD STORE //NE - I CITE I THE								
9 PH DE		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
eath ait.		PART I. DEATH WAS CAUSED BY LENGTH CONTROL CERCULAR (c)								
e d affe	L	40 / X DUE TO, OR AS A CONSEQUENCE OF								
the sit practing	1	Conditions, if any, which gave rise to immediate cause (a). (b) the set Selland O as all a Suran								
tha in. by ran	П	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF								
sicio sicio al al		lost. (c)								
physician. physician. signed by burial-tran		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(6)								
ing ing the to	I _z									
The faw ratending attending has been se as the h priar to	Ĭ	19d DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
a the part of the	CERTIFICATION	YES NO								
ar or leaf		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)								
20世紀 4年	MEDICAL	(If either, notify medical examiner) P.M. 19								
PHYSIC he haspit this certification letached Bept. af	×	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while								
the percentage of the property		at wark of wark								
by frer be Stat		22a. I certify that (1) (this haspital) attended the deceased fram 1968, to 3 7, 1960, that (1) (we) last								
ENC Ped Pid A Pid Ped Ped Ped Ped Ped Ped Ped Ped Ped Pe	1	saw the deceased alive an 3 - 19 Cand that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
The fair of the fa	П	226. SIGNATURE 226. DATE SIGNED								
OR / Direction of the control of the	П	189, COIL 9, GODA DEGREE ATTENDING DIRECTOR D STAFF DIRECTOR D PHYS. D 3 - 9 - 68								
V b b d d d d d d d d d d d d d d d d d	П	22d PHYSICIAN'S 22e. ADDRESS								
PIT mag	Н	NAME (Type)								
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, cre.	230	BUR AL, CREMATION, 23b DATE 23c. NAME OF CEMFTERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)								
O O O O O O O O O O O O O O O O O O O		BY 2094YL MAR 1X, 1968 JOHN WESLEY CEMETERY DEAL ISLAND SOM MD								
47	24.	FUNDER DIRECTOR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR S SIGNATURE								
30M REV. 1/68		Levery Websler muces line DATE MAR 15 1968								



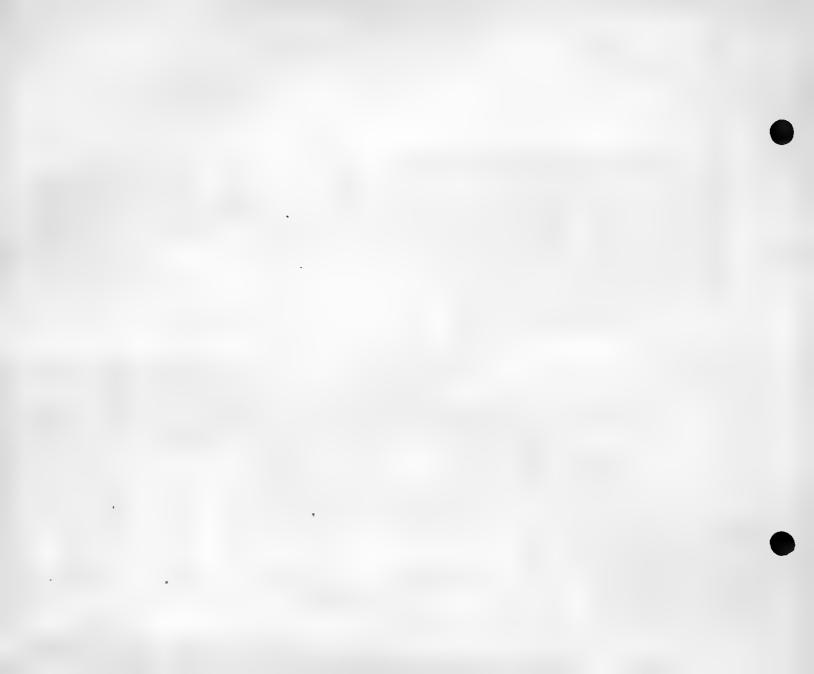
		MARYLAND STATE DEPARTMENT OF HEALTH
18 7		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(IVI)		CERTIFICATE OF DEATH
		ECEASED-NAME First Middle Last 20. DATE OF DEATH 25 HOUR
1	(Type or print) Baby Boy LEWIS MARCH 28 188 5PN
)	3. SI	EX. 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	1/	MALE White March 28/968 last birthday) YRS. MONTHS DAYS HOLES MIN
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 1 NEVER MARRIED 4. 9. COUNTY OF DEATH
	cou	Wicamica U.S.A. WIDOWED DIVORCED Wicomico Md
	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b Kind of Business OR
7)	ı	Salisbury give street oddress) during most of working life, even if retired.) INDUSTRY Peninsula General Hospital
		USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 136. STREET AND NUMBER
	odm	Maryland 136 COUNTY Warrester (Snow Hill YES NO Bay Street
,	14	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
		William 1. Lewis Mary Carelyn Ikanas
		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. prunknown) (If yes give war or dates of service) 17. INFORMANT Address
	_	None William I temis Snow Hill Mill.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN CHISE AND DEATH
		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) MARRIO RUSPIRA TORY FAILURE 3K
		DUE TO, OR AS A CONSEQUENCE OF
	L	Conditions, if any, which gave is to immediate couse (a), (b) PREMATUE, TY
		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
		[ast. (c)
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	8	7 7 3 5 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
X	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?
/		21o ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
	3	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
	MEDICAL	(If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
	П	While Not while OFFICE BUILDING, ETC
		22a. I certify that (I) (this haspital) to the deceased from 3/23/63, 19 to 3/23/63, 19 that (I) (we) las
		saw the decented slive an 1/2/1/2 19 and that in (my) (aur) apinian death accurred an the date and hour and from the
	П	causes stated abave, (1) (we) (tid) (did not) view the bady after death.
	1	226 SIGNATURE ATTENDING MED STAFF 220 DATE SIGNED
	1	22d. PHYS DEGREE PHYS DIRECTOR PHYS. J 77763
		22d. P(V)X(AN'S NAME (Type) R. C. La Mar, M.D. 22e ADDRESS 104 N. Bay Street, Snow Hill, Md.21863
-	220	BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
1	1	Bernoval (Specify) Mar 29,1968 Denie Cometary Promother the Mary land
y	24	EILMEDAL DIRECTOR ADDRESS 1250, RECUBY REGISTRAK 1250 REGISTRAK 3 SIGNALISKE
		The Tale of the state of the st

• 2 . • •

FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1010
HEALTH DEPT.	1 DECEASED NAME Frst Middle Lost 20 DATE KNOWNOS Month Day	Yeor 2b HOUR
ay is 3 to Page ant of	(Type or Print) SALVATIRICE VARGENTI LONBARDO OF ESTI- 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS 2) DATE PRONOUNCED DEAD	1968 M
a B m		or 1968 M
Depart	70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED □ NEVER MARRIED □ 9. COUNTY OF DEATH COUNTRY? WIDOWED ☑ DIVORCED □ Wicomico	Mo
ve Pages y with far	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (4 not in haspital 120, USCAL OCCUPATION (Kind of work done 12b KII	ND OF BUSINESS OR RY Home
after 8. Gir nianç with with	130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Nadroussipe) STATE 13b COUNTY Natry Tand 13c COUNTY NET OF TOWN 13d MSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY NET OF TOWN 13c STREET AND NUMBER 13c STREET AND NUMBER 13c STREET AND NUMBER 13c STREET AND NUMBER	1101110
heurs Item 1 Office I and 2	14. FATHER'S NAME First Middle Lost S. MOTHER'S MAIDEN NAME First Middle Vargenti	Last
24 rs rs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
ed w thin in pencil I Examine: File page	No Mr. Ross Lombardo, Harfard Rd. Sali	Sbury Md. APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
d be executed d "pending" in Chief Medical E transit permit. F y event witi™		าโกนใบป
	Conditions, if any, which gave (b)	
shoul war the urial- in an	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ertificate should writing the ward warded ta the Cl sed as a burial-tr	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)	
3 5 F /	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	O. AUTOPSY? YES NO 🔀
Thi ficat al be ald be	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING HOUR A M. 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Item 18)	
S = S = E	PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P.M. 19 21d .NJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	Ity State
L Exceeds Page For yR:P		and in my apinian
o DEPUTY SICA necessory, please exthe funeral director. 5 may be retained 'be FUNERAL DIRECTOR' Health prior to burner to burn	CHIEF MEDICAL EXAMINER	
DEPUTY ecessary, p he funeral may be r FUNERAL	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO DEPUTY MEDICAL	
ro DEPUTY necessary, the funera 5 may be 70 FUNERAL Health pr	NAME (Type) Dr. Earl L. Royer Camden Ave., Salabstburge, on Manyaland 23d. BUR AL CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCAT ON (City of Town) (County	y) (State)
_	Burial 3-5-1968 Parsons Cemetery Salisbury, Maryla	and 4
VR A15ME [5]	24 FUNERAL DIRECTOR Hill Funeral Home Salisbury, Maryland 250 REC D BY REGISTRAN 1968 35 RYCKAR AND DATE MAR	7



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 8 Fill CERTIFICATE OF DEATH Water. death. low requires that the death certificate be executed within 24 hours after death puo-2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission 1. PLACE OF DEATH o. COUNTY Wicomico o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give negrest town) Salisbury d NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRES e. IS RESIDENCE ON A FARM? paper hin 72 the attending physician and completely filled sit permit. Then please remove cachon pape Springhill Sanitarium □ NO R YES NAME OF Middle Lost 4 DATE Month Doy Year DECEASED March 19 1968 LYNCH DEATH (Type or print) IF UNDER 24 HRS AGE (In years IF UNDER 1 YEAR SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthdoy) Dovs Hours White WIDOWED DIVORCED Female KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b 11. BIRTHPLACE (County & State or foreign country) ond in during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes of service NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY Carcinoma of cervix IMMEDIATE CAUSE (o) TO FUNERAL DIRECTOR: After this certificate hos been signed by DUE TO buriol, o Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or attending os the prior to last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Heolth Parkinson's disease YES NO 20o, ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While at work at work should be 2). I certify that (1) (this haspitol) attended the deceased fram Jan. 30 Warch 1966 to 1968, and that death occurred at M. from causes and on the date stated above. saw the deceased olive an 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR ATTENDING M.D. PHYS 116 Ea 22c. PHYSICIAN'S Main St., Salisbury, Md. Insley Philip East NAME (Type) director, 23b DATE THEREOF 230. BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY? 23d. LOCATION (City or Town) (County) (Stote) GUS REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66





				ID ZIAIE DEPAKIMENT OF		
		2.11	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	· ; · ,
		ma 40 all 13		CERTIFICATE OF DEATH		
	1. D	ECEASED NAME First	Middle	Last	20 DATE OF DEATH	2b. HOUR
· 表表的		(YPE or print) FRAN	IK JAMES	MERRITT	Month Day March	
	3 5	X	4 RACE	S DATE OF BIRTH	6. AGE (In years	F JNDER I YEAR F JINDER 24 HRS.
afte ges aft		Male	White	June 16, 18		MONTHS DAYS HOURS MIN
5 2 5	7 ₀		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
4 to 1 to		Maryland	USA	WIDOWED DIVORCED	WICOMICO	Md.
THE STATE OF THE S	ID	Salisbury	give street address)	ISTITUTION (If not in hospital 12a. U!	SUAL OCCUPATION (Kind of work done most of working life, even if retired) TMET	12b. KIND OF BUSINESS OR INDUSTRY
d will etely arba	120	,	R.U.#4, John ad lived, if institution Residence before	son Road Fait		Farming
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the haspital ar attending physician. The his certificate has been signed by the attending physician and campletely filled in by the functional physician and campletely filled in by the functional stacked for use as the burial-transit permit. Then please remave carbon papers, Pages of Carbon and Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after terms.	adm	ission) STATE Maryland	13b COUNTY Wicomico		NO□ 311 Craft St	reet
and c remo	14	FATHER'S NAME First	Middle Last	IS. MOTHER S MAIDEN NAME		Last
be ar		Luther	Merrit		Susan Jane	Davis
ate legs and	160	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SECURITY or do do to so service)	,		311 Craft St.
e death certificate b attending physician permit. Then please an, ar removal, and i		es, no, or unknown) (il yes gwi wo Yes War	I	Mrs. Bessie Ma	ae Merritt, Salisb	
ng le			y ane couse per line far (a), (b), and (c)		ya	APPROXIMATE INTERVAL BETWEFN ONSET AND DEATH
eath andi ar r	l	PART I. DEATH WAS CAUSED IMMEDIAT	TE CAUSE (a) MYOC	andia 140	ictem.	
te deatl aftendi permit. ian, ar r	L	4107	DUE TO, OR AS A CONSEQUENCE OF		,	
th the sit it		Canditians, if any, which gove) rise to immediate cause (o),	(b) CAUR	ally Sales.	25	Tyr.
quires that the physician. signed by the burial-transit purial-transit purial-transit purial, cremati		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	10 10	0 -	No.
sici sici sici al-t		last.	(1) That	on red ante	cerclino	Jaces .
sign buri		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART I(0)	0
ing ing	8	1. : :				
The law ratending attending has been se as the h priar to	CERTIFICATION	19a. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS PI		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
The share the has	E			YES NO		
YSICIAN: aspital ar certificate certificate for used for used. The about the		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			nter nature of injury in Part 1 or Part 2,	Item 1B.)
Pit di	MEDICAL	(If either, natify medical exomin-	er) P.M.	9		
HY has a ach ept	~	21d. INJURY OCCURRED 21e. I	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(CTORY.) 21f. LOCATION Street or R.F.D.	No City ar Tawn	County State
G PHY the hor this of detach	ш	While Not while at wark		10		10/ 11 10/ 11
DING 3 by t After 3 be d	ı	220. I certify that (I) (this	s hospital) oftended the deceos	red from, 19	ipinian death accurred on the do	to and hour and from the
TEN ned the	L	couses stoted above	, (I) (we) (did) (did not) view the	bady ofter death.	ipinian acam accorred on the ac	ne ond noor ond from the
OR ATTENDING be retained by the JIRECTOR: After 1 e 3 should be d ed with the State		22b. SIGNATURE	2000	4	ANCE STACE 22c.	DATE SIGNED
OR Coe r	ш	(Las	1/ Mlaso,	THE DEGREE PHYS	MED. STAFF Ma	rch 🗸 /1968
A STEEL	Ш	22d. PHYSICIAN'S		22e. ADDRESS		
Page 4 may be retained by the haspital ar attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. af Health priar to burial, creating the state Dept.		NAME (Type) Dr. F	Robert T. Adkins	Fruitlan	d. Maryland	
HO Ige rect	23a	BURIA., CREMATION, 23b. D		CEMETERY OR CREMATORY	23d LOCATION (City of Town)	(County) (State)
5 5 5 2 V		REMOVAL (Specify) Mar		M.E.Church Cemet	ery Pocomoke, Wor	cester, Marylar
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. RECT	BY REGISTRAR 1968 REGISTRARS	SIGNATURE
30M REV. 17682	1	HOLLOWAY & CON	MPANY, SALISBURY,	MARYLAND DATE M	WIL O 1900	The state of the s



./ 1 ~	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE!	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 to
HEALTH DEPK	DECEASED NAME First Middle Last 2a DATE KNOWNE Month Day Year	12h HOUR
	(Type or Print) JAMES DALLAS MISTER OF ESTI 3-19-68 19	AIOM
P 3 3 y	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years If LINDER 1 YEAR IF LINDER 24 HRS. 20 DATE PRONOUNCED DEAD	2d HOUR
2, and 3 ta	M W 914 YRS	A M
- 7 %	7a B RTHPLACE (Stote or foreign 7b (ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
ges of far	COURTY) Maryland U.S.A. WIDOWED DIVORCED Wicomico 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BI	Md PANISIT
dead we Pa	1 - (1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	
ft that	13a USUAL RESIDENCE (Where deceased lived, if 'nstitution' Residence before 13c CITY OR TOWN 13d INSIDE CITY UM.157 13e. STREET AND NUMBER	
s after 18. Gi e along 2 with death.	odmission) STATE Md. 13b COUNTY Somerset Crisfield YES NO [51 Cove Apts.	
5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lawson Lawson Lawson	ast 1
thin 24 miner's mages haurs	160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
with pen cami	(Yes, no ar unknown) (Hyes give war or dates of service) Mrs. Viola Justice-Main StCrisfield,	
ted " in all Est	18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c).)	ATÉ INTERVA. SET AND GEATH
ding ding ledic wit	IMMEDIATE CAUSE (a) PULTINOTIST Y STROUTUS	
e ey pen ef M ef M isit p	Canditions, if any, which gove)	
Chija b	rise to immediate cause (a), (b) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ICAL EXAMINER: This certificate should be executed with execute the certificate, writing the word "pending" in pertar. Page 4 shauld be farwarded to the Chief Medical Examed for your files. CTOR:Page 3 shauld be used as a burial-transit permit. File burial, cremation, ar remayal, and in any event within 72	last (c)	
a b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certifica e certificate, writing should be farwarder files. 3 should be used as nation, or removal, a	Intertrochanteric fracture of right hip	
cer arwi arwi mav	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 3-17-68 12 o. EXTERNAL CAUSE WAS 2 b. TIME OF IN. JURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of nury in Part) or Port 2, Hem 18.}	
This icate to be 1 be 1 be 2 r re	3-17-68 Fractured right hip YES 2 o. EXTERNAL CAUSE WAS 2 b. TIME OF IN. URY Month, Day, Yeor 21c HOW INJURY OCCURRED (Enter nature of nury in Part 1 or Part 2, Hem 18.)	NO 🔀
IER: certif rauld les. shauld rion, c	PRIMARY OR CONTRIBUTING B B HOUR A.M. 3-17 1968 Fell at own home. [A USE OF DEATH 21e PLACE OF MURY (At home, form, street). 21f. LOCATION Street or RED No. (ITY OF Town County)	
MINE character file can a strong matrix	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State
bical Examiner: se execute the certification. Page 4 shauld ned far yaur files. ECTOR: Page 3 shauld tremation, the burid, cremation,	AT WORK AT WORK AT WORK TO OWN home 51 Cove Apts., Crisfield, Somerse	t, Md
AL E xecu Par far far inal,		my opin'an
Try blace eral director be retained RAL DIRECT prince prince to burst.	death resulted frage Natural causes . Accident X Suicide . Hamicide . Undetermined manner	
Try Dictory, please sral directors retained the perior to be retained to be retai	ACTUAL SIGNATURE CO CHIEF MEDICAL EXAMINER 22b. DATE SIGNED	
ury ary, neral be be	SIGNATURE Earl L. Royer, N.D. DEPUTY MEDICAL EXAMINER March 19,	1968
necessary, please execute the time funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health priar to burial, crem	NAME (Type) 409 Camden Ave., Salisbury, Mdopress(Street, aly, tawn, or county)	
0 = = 20 ×	23d BURIAL CREMATION, REMOVAL (Specify) Burial 23b Date 23c Name of Cemetery or Crematory Sunnyridge Cemetery Cristield—Somerset—	(State)
	24. FUNERA. DIRECTOR ADDRESS 250 REC D BY REG.STRAR 25b. REGISTRAR 5.GMATURE	data :
VR A15ME (5)	Bradshaw Funeral Home, Crisfield, Md. DATE MAR 2 6 1968	9

 \mathbb{X}

FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, , , ,
HEALTH DEAT	DECEMBER NAME	Dov Year 2b HOUF
HEREIH DEI 1	(Type or Print) 1. The table of ESTI-	Doy Year 2b HOUI 1-6819
ny deloy is ond 3 to PM3. Poge	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (19 years 1 F LADER 1 7 CAR 1 IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOttl
deloy and 3 to and 3 to and 43. Pog	7-20-1926 lost brithday) MONTHS DAYS HOURS MIN Month 2 Day	
2 2 2	70 BIRTHPLACE (State or foreign 76 Cit ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1 1900
TE E	Maryland U.S.A. WIDOWED DIVORCED Wicomico	
# 85 E	110. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 1	126 KIND OF BUSINESS OR
ofter deoth 8. Give Pages-t, olang with farm with the Stote De		INDUSTRY
diversity of the control of the cont	13g US. A. RESIDENCE (Where decensed lived if institution Residence before 13g CITY OR TOWN 13g MSDE GIT LIMITS? 13e STREET AND NUMBER	
hours ofter deoth Item 18. Give Page Office olang with Iond2 with the Sto	odm ssion) STATE Md. 13b. COUNTY Wicomico Quantico YES NO X Rfd.1, Quant:	ico, Md.
hours Hem 18 Office I ond 2 v	14. FATHER'S NAME First Middle Last I.S. MOTHER'S MAIDEN NAME First Middle	Last
24 h in He rs Or ss To	Henry Elzey Hattie Jol	hnson
hin 24 nul in nuers pages hours	16a, WAS DECEASED EVER IN B.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
within pencil xamine ile pag	(Yes, no, or unknown) (Hyes give wor or dates of service, Joshua Litchell uentico,	aryland
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted Inding Indedical Permit.	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary embolus.	sudden
e execut pending ef Medicc isit permi	+ 5 ○ X DUE TO, OR AS A CONSEQUENCE OF	
be 'pa' hief ansi	Canditians, if any, which gave (b) (b)	
word word the Ch rial-tra	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
s shauld be e he word 'per to the Chief! burial-transit d in any even	(c)	
This certificate shauld ficate, writing the word be forwarded to the Ch d be used os a burial-tra or removal, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ertificate writing t warded sed os a ovol, on	NO THE STATE OF STREET	
verifi orwasi used movol	196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED?	20. AUTOPSY?
This cafe	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERAT ON WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
= = =	216 EXTERNAL CAUSE WAS 216 TME OF INJURY Month, Day, Year 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item HOUR A.M.	n 18)
INER e ce shou files 3 sho otto	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 ZID INJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, 211 LOCATION Street or R.F.D. No City or Town	County State
KAMINER: te the certi je 4 should four files. oge 3 shoul	WHILE NOT WHILE toctory, affice building, etc.)	County State
and the contract of the contra	22a. I certify that I took charge of the remains described above, held an Autapsy [K]. Inspection [K]. Inquiry [K]	
AL for the property of the pro	22a. I certify that I took charge of the remains described above, held an Autapsy K, Inspection K, Inquiry K death resulted from Natural causes K, Accident , Suicide , Homicide , Undetermined monner (ond in my opinia
JIV BIC. Ty, please eral directol be retained RAL DIRECT prior to bu		_
Ty please y, please individues to retain prior to prior to	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL A	IGNED
EPUTY SSSOTY, P funeral oy be r INERAL ith pric	WILL WAS AND THE CALL TANGENTY AND THE PROPERTY OF TANGENTY OF TANGENTY AND THE PROPERTY OF TANGENTY OF TANGENTY AND THE PROPERTY OF TANGENTY OF TANGENTY AND THE PROPERTY OF TANGENTY AND THE PROPERTY OF TANGENTY OF	h 21, 1968
Services 2	NAME (Type) 409 Camden Ave., Salisbury, MdADDRESS(Street, city, town, or county)	
TO DEPUTY necessory, the funera 5 may be TO FUNERA Health pr	23g BURIAL (REMATION. 23b DATE 123c NAME OF CEMETERY OR (REMATIONY 123d LOCATION (City or Town)	(Caunty) (State)
0	Furial 3-24-1968 Quantico Cemetery uentico Vicor	mieo Md.
(2)	24 FUNERAY DIRECTOR 250 RECD BY REGISTRAR 251	IGNATURES
VR A15ME (5) 10M REV 1/68	Clinton Stewart, Salisbury, Md. DAIMAR 2 6 1960	9 0



1 _, 7	Item 2a	FilmvRoN	OF_VITAL RECORDS,	ND STATE DE	PARTMENT OF ION STREET, BALT	HEALTH IMORE: MARYI	AND 21201		
FOR STATE	4/9/68		71 MEDICAL EX					6	Ciri
HEALTH OF S	1 DECEASED-NAME (Type or Print)	्हान ROBEI	RT ALC	Middle MZO	MOLLOCK,	ARY	20 DATE KNOWN AM OF ESTI- DEATH MATED		or 25 HOUI
yy delay is ond 3 to PM3. Pogn	3 SEX	4 RACE	5 DATE OF BIRTH 9-25-67	6 AGE (in ye	ors Funder 1 YEAR) MONTHS DAYS YES 6 3	IF UNDER 24 HRS HOURS MIN	21 DATE PRONOUNCED DEA Month 3 Day	AD.	68 ^{2d} HOUI
P. 2. P.	70 BIRTHPLACE (St country) Mary 10. City OR TOWN	land	CITIZEN OF WHAT COUNT	RY? 8.	MARRIED NEVER MA	RCED	NTY OF DEATH Wicomico CUPAT ON (Kind of work d		A
r de ve F g wi	Sal	isbury	give street add Penir d lived, if institution Res	isula Ge	neral	during mast of	f working life, even if retir ntant 13e STREET AND NUMBER	ed.) INDUSTRY	ne projutos ok
	odmission) STA	Del.	13b (OUSTISSEX	V 1	Delmar	YES NO 🔀	Route 2,	Box 31	
24 hours in Item 11 r's Office es Tamd2	14 FATHER'S NAME	Robert H	Middle I. Molock	Lost	IS MOTHER'S MAI		Mae Gray		Last
hin nine pagi hau	16a WAS DECEASED (Yes, no, or unkn	EVER IN U.S. ARMED FO	ORCES? 16b 5000 or or dates of service) NO	ne security no	17 INFORMANT Robert H.	Molock,	ADDRESS Delmar, Del	., RFD #	2
xecuted with anding" in pe Medica! Exar permit. Fite	18. CAUSE (DEATH WAS CAUSED	one cause per line for (a) BY F CAUSE (a) Her		9			APPRO BETWEEN minu	NIMATE INTERVAL ONSET AND DEATH
be e "per	rise to imme stating the <u>last</u>	any, which gave diate cause (a)	DUE TO, OR AS A CON	NSEQUENCE OF OTUPE O: NSEQUENCE OF	f liver,			minu	ites
This certificate should icate, writing the word be farwarded ta the Chable be used as a burial-tractremaval, and in any	19a. DATE OF	OPERATION	19b. CON WAS	IDITION FOR WHICH S PERFORMED?	OPERATION ,		7	YES	TOPSY?
# 5 P	PRIMARY CAUSE OF DE	OR CONTRIBUTING [21b. T ME OF INJURY M. HOUR A.M. P M. ACE OF INJURY (At home,	- 28 ₁₉ 68	Infant b	eaten Ly	re of injury in Part 1 or Part fixt. P City or Town	t 2, tem 18)	State
1.7 5 27 0		NOT WHILE TO TOCT	ory, office by (ding atc.)				Delmar		Del
necessary, please execute the cert the funeral director Page 4 shours 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should Health prior to burial, cremation,	death ACTUAL	Earl L.	den Ave.,	Accident alisb	Suicide , CHIE , ASSI DEP UTY, Md 4000		Undetermined marker 22b. NER	- American	in my apinia
0 5 5 × 0 ±	230 BUR AL CREA PEMOVAL (Sp Buria	ecify) Apr		Mt. Nebo	Cemetery		Near Delmar		(State) re
VR A15ME (5) 10M REV_1/68	24 FUNERAL DIRE Frampt	Funer	al Home	ADDRESS	sburg, Mc	DATE APR		rars signature Liantes y	ndge.



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* 4 4
HEALTH DEPT.		ii la iiaia
MEALIN DEFI.	(Type or Print)	Year 2b HOUR
3 % % % % % % % % % % % % % % % % % % %	3. SEX 4. RACE S. PATE OF BIRTH 6 AGE (In years I r under 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	-689 A
deloy and 3 Po	last brinday Months DAYS HOURS MIN Months DAYS	Year / O
2 2 2	F AA 1923 41 YRS NEVER MARRIED 9. COUNTY OF DEATH	1968 N
- 1	country Userman 16 5 9 WIDOWED DIVORCED Wicomico	
Pages State	WEGNITED WEGNITED	KIND OF BUSINESS OR
offer death 3 Give Page brong with with this star	Salisbury give street oddress during not of warking lie, every ret red.) IND.S	
fer d Give ong w th the	13a USUAL RESIDENCE (Where deceased yed, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITYMITS? 13e STREET AND NUMBER	none
	admission) STATE Md. 13b. (OUNTY Wicomico Delmar YES □ NO □ Pine St. Ext.	
	14 FATHER SNAME , First Middle / Last Is MOTHER'S MAIDEN NAME First / Middle	Las!
	Kuten Johnson Hassie Whoson	
hin 24 noil in niner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES 150 SOCIAL SECURITY NO 17 DEFORMANT HE ADDRESS	
within pencil camine de pagi	- Mes. no. or worknown (day give wor or dore you service)	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))	APPROXIMATE INTERVA, BETWEEN ONSET AND DEATH
xecuted nding' ir Medicol I permit. it within	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Acute pulmonary edema	BETWEEN OWSEL AND DEATH
Med Med not v	4270 DUE TO, OR AS A CONSEQUENCE OF	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
be "pe "pe "nef ansit	(onditions, if any, which gave) (b) Congestive heart failure	hundre
outd vord he Ct al-tra	rse to mmediate cause (a) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
S 00 0 =	last (c)	
its certificate share, writing the story forwarded to the used as but remayal, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)	
verificate writing th irworded to	8 4341	
certii orwoi used mava	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
T 0 0 1	Land Control of the C	YES NO X
三五種名 즼입	21a. EXTERNAL CAUSE WAS 21b TIME OF N.URY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of in ury in Part 1 or Part 2, Item 18. PRIMARY OR CONTRIBUTING HOUR A.M.	.}
VER: certif hould les. should tion, t	CALSE OF DEATH P.M. 19	
= 9 5 7 € =	211 (35, 61, 71, 71, 71, 71, 71, 71, 71, 71, 71, 7	inty State
~	WHILE NOT WHILE AT WORK AT WORK AT WORK	
ICAL E executor. Page for CTOR:		and in my opinian
olease e director etained DIRECT	death resulted from Natural causes 🗓 Accident 🔝 Suicide 🗒 Homicide 🔲 Undetermined manner	
please durector retaine DIRECTOR OF TO BIRECTOR OF	ACTUAL CHIEF MEDICAL EXAMINER	
ny, ple erol di be rett RAL Di prior	SIGNATURE ASSISTANT MED CAL EXAMINER 1 220 DATE SIGNE	
DEPUTY ecessory, lee funeral moy be r FUNERAL palth prid	LAMMINUR)	25, 1968
o D m He e		100-101C
E - FID	PPROVAL (Sportsy) // LD a a / D (A +) D A // C A /	(State y)
	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 RECOSTRAR'S SIDMAN	TUB
VR A15ME (5, 10M REV 1/68	Booker West, Salisbury, Md. DARAPR 1_ 1968	Jung
INTAL MEA IVOR	The state of the s	20

ž --

	MAKILAND STATE DEPARTMENT OF HEALTH							
- Control of the Cont	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
	CEDTIFICATE OF DEATH	3.52 - 6						
Comme de la constant	ECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOURM						
6/1/28	Type or print) Month Doy Year	10:34						
	ERNEST GLENMORE NICHOLS March 4 1968 EX 4. RACE S. DATE OF BIRTH 6. AGE (in years J. DADER YEAR)	IF UNDER 24 HRS						
ifte es es afte	last birthday) MONTHS DAYS	HOURS MIN.						
ours after by the fur Pages I Pours after	Male White December 19,1903 64 "YRS.							
0 9 5	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED W NEVER MARRIED 9. COUNTY OF DEATH							
	Maryland USA WIDOWED DIVORCED WICOMICO	Md.						
filled him 72	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF	BUSINESS OR						
T (CT)	Salisbury give street oddress) during most of working life, even if retired.) INDUSTRY							
campletely campletely over carbon y event, we	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER							
e executed on camplet remove car	Maryland 13b COUNTY Wicomico Salisbury YES X NO 719 Ferndale Road							
cal cal	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	1						
and rem		rosi						
d se din		urner						
are are	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Wife) Address 719 Fern	dale Rd.						
equires that the death certificate be executed v physician. signed by the attending physician and camplete burial-transit permit. Then please remove carb burial, crematica, ar remaval, and in any event,	Yes Mrs. Hilda Nichols, Salisbury, Maryland							
at the death cer the attending p nsit permit. The mation, ar rema	1B. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c))	MATE INTERVAL INSET AND DEATH						
Fig. 1	PART I DEATH WAS CAUSED BY.	HR						
dec frmi	The state of the s							
tion	Conditions, it ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, it ony, which gove)	1						
at the man and the	nse to immediate couse (a)	-y.						
th on. by trai	stoting the underlying couse Dut 10, OK AS A CONSEQUENCE OF	/						
sici sici al-lial-l	(c)							
equires that th physician. signed by the burial-transit p	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)							
ng en to to	1422 1- Contraction (a) Land acting							
ndii iar the	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200/AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN C	RTIFYING						
nds on pr	->-16-65 Em Solew (2) Xemond artery YES NO NO CAUSES OF DEATH?							
4: The law requires the are attending physician. The has been signed by ruse as the burial-transalf priar ta burial, cre	216. ACCIDENT WAS UNDERLYING 216. TIME OF NURY 216 (HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)							
OR ATTENDING PHYSICIAN: be retained by the hospital an SIRECTOR: After this certificate e 3 should be detached for a	CAUSE OF DEATH HOUR A.M. Month Doy Year							
spirite of the spirit	(If either, notify medical examiner) P.M. 19							
ho ho ach ept	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) While Not white Not white	Stote						
the det	tot work of work							
IN by ffer shaft	22a. I certify that (1) (this haspital) attended the deceased from 2-16, 19.68, to 3-4, 19.67, that saw the deceased alive an 19.67, that and that ip (my) (aur) apinian death accurred an the date and haur	(I) (we) last						
ND Sed	saw the deceased alive an	and fram the						
O Sin Figure 1	causes stated abave ((1), (we) (did) (did nat) view the bady after death.							
With St. P. A. A.	22b. SIGNATURE 22c. DATE SIGNED							
DIR ed	DEGREE PHYS A DIRECTOR - PHYS March 6	/1968						
AL page of figures of the second seco	22d. PHYSICIAN'S 22e ADDRESS							
er, db	NAME(Type) Dr. Nevins W. Todd, Jr. Medical Center, Salisbury, Maryla	nd						
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar ta	. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)						
0 0 0 ÷ ÷	REMOVA (Specify)	Maryland						
8. D.	FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 25b. REGISTRAR 5 S GNATURE (1)	100						
VR A15 (4) 3 30M REV, 1/68	FUNERAL DIRECTOR ADDRESS ADD	-						
	TOTAL TOTAL THE TOTAL TO							

. • .

appended in the second	1			NO SIAIE DEPARIME				
/ / / / / / / /		Class at D	IVISION OF VITAL RECORDS	, 301 W. PRESTON STRI	EET, BALTIMORE, MARY	LAND 21201	(0	
6 (IVI)		ORNA		CERTIFICATE OF I	DEATH		ひつびん	
é ~ 2		CEASED-NAME , , First	Middle	last	2a. DATE OF D	EATH	Zb. HOUR	2
after death funeral fes 1 and 3 after death	- (I	pe or print) William	m	NOFROG	ATE MARC	6 Month 15 Day	1968 11 A	M
fun j	3. SE		4 RACE	S DATE OF BIR			F JNDER 1 YEAR IF UNDER 24 HRS	s.
# 2 % # E		MALE	WhitE	August			ONTHS DAYS HOURS MIN	Al.
Pours Pours	20.1	IRTHPLACE (State or foreign 76	citizen of what country?	T				-
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours stained by the hospital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached far use as the burial-transit permit. Then please remave carbon papers, Pour in the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours.	cant	rry)		8. MARRIED NEVER MARR WIDOWED DIVORC	IED			
22 appendix	20. (New York 1 TY OR TOWN OF DEATH	USA	ASTITUTION (If not in hospital	120 USUAL OCCUPATION (٧d.
hin 2 filled n pag			Peniinsula	General Hos	dur ag mast of working life	e, even if retired)	125 KIND OF BUSINESS OR INDUSTRY	
be executed withing and completely firemove carbon in any event, with	_	Salisbury				71 77 77 77	industry t Gen. Stor	e
pled car		SUAL RESIDENCE (Where deceased sion) STATE	lived, if institution. Residence before	13c CITY OR TOWN	VICE TO MO TO	ET AND NUMBER		
control of the contro		New York	13b. COUNTY Westchester	Mt. Vernon	155 E	rhbar Ave.		
and c	.14. 1	ATHER'S NAME First	Wild die razi	IS, MUTHER'S MAI	DEN NAME First	Middle	Lost	
be ar in		Phi lip	Nofrog	gate	Brigette		Rizza	
ciar eas	16a.	WAS DECEASED EVER IN U.S. ARMED				Address 55	Erhbar Ave.	
ne death certificate be attending physician opermit. Then please ion, ar remaval, and i	'	s, no, or unknown) (If yes give were	107-05-2	192 Mrs. Cath	erine M. Nofr	ogate, Mt.	Vernon, N.Y	
cert p pl her nav	F	18 CANSE OF DEATH /Enter only	ane couse per line far (a), (b), and (a	1)	./ 1		APPROXIMATE INTERVAL	_
€ .8 .		PART I. DEATH WAS CAUSED B	Y: Calan	/ ./ /	Jamonhas	2	BETWEEN ONSET AND DEATH	_
ded ten rmii		LL 2 CL IMMEDIATE	(AUSE (a)				1-1660	
ad an incomplete		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE O	,			MIL	
t te		rise to immediate cause (o),	(p) tes >>>	· Umlin			NOI WHAN	long.
by by		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F				
/sici		last.	(t)					
The law requires that that that that that that but she signed by the se as the burial-transit in priar to burial, cremat	L	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN	IN PART 1(o)		
ing re he he	Ιz	200 X						
The law ratending has been se as the har to	Ĭ	190 DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS F	PERFORMED 20a. AUTOP			ISIDERED IN CERTIFYING	
The affi	CERTIFICATION			YES [NO P	IF DEATH?		
at a different and a different		210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (Enter nature of injury	in Part 1 or Part 2, Ite	m 18)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner	HOUR A.M. Month Day Yea	19				
JING PHYSICIAN by the hospital ffer this certifica be detached fai	MEC			ACTORY.) 21f LOCATION Street	ar R.F.D. No. City a	Tawn	County State	_
PH e h		While Mat while Mat I	OFFICE BUILDING, ETC.	1			F In	
St. F. St.		22a Leartify that (1) diffuse	transital attended the deco	sed from 319	19 5 X to	3/19/19	, that (I) (we) lo	a ci
Aft beginning		saw the deceased aliv	tuspital) attended the deceo	19 08, and that in (my				
TEN THE TEN		couses stated abave, (((we) (did) (did=wit) view the	body after death.	/ (403) op			
TA SE CHE SE		22b. SIGNATURE	1, 1				TE SIGNED	
OR ATTENE be retained DIRECTOR: A pe 3 should ed with the	ı	·	34-2-3	DEGREE PHYS	DIRECTOR DIRECTOR	STAFF Mar	ch 19, 1968	
L D Selection	1	22d PHYSICIAN'S		22e. ADDR				_
Par Magar		NAME (Type)	J. J. Burton	Medic	al Center, Sa	lisbury, M	aryland	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital ar affending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72	230	BURIAL, CREMATION, 23b. DA		F CEMETERY OR CREMATORY	23d. LOCATION		(County) (State)	
Pag Pag dire	1.00	PEMOVAL (Spaceful)	h 23.1968 Holy S		1	chelle, Ne		
	24	FUNERAL DIRECTOR	ADDRES	sepurchice ceme	2Sa. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SI		
VR A15 (4) 30M REV 1/68			PANY, SALISBURY,		DATE MAR 2 1 191	4		pr 3
			, 0/12/00/1/19	TURSTEINE	DAIL MAIL OF			<u> </u>



MAKTLAND SIAIE DEPAKIMENI OF HEALIM

. 1						DEPARIMENT OF				
1			DIVISIO	N OF VITAL RECORDS				ARYLAND 21201		19.
ŀ		23			CERTIFIC	ATE OF DEATH				<i>4</i>)
-		pe or print) ALI		Middle MA E		PERRY	2o. DATE ()F DEATH	Year	2b. HOUR
ŀ	3 SEX		4 RACE	TOTE			<u> </u>	<u>arch 28 '</u>	1968	3:30FM
	9 35/	Female	4 KACE	White		October 9,	1895	6 AGE (in years last birthday) 72 YRS.	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN,
I	7a, B	RTHPLACE (State or foreign	76. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O	F DEATH		
L	Caon	Maryland	US	SA	WIDOWED	DIVORCED [WT	COMICO		Md
ľ	10 CI	TY OR TOWN OF DEATH Salisbury		11 NAME OF HOSPITAL OR II give street oddress) Peninsula Ge	NSTITUTION (If r	not in haspital 12a US		N (Kind of work dane g life, even if retired)	125 KIND OF INDUSTRY	BUSINESS OR
ŀ	13a	ISUAL RESIDENCE (Where dece	nsed lived if	nstitution: Residence before	TIV OTY OF	TOWN 130 INSIDE CITY		TREET AND NUMBER		
ľ	odmis	sion) STATE Marylar	d 13b 00	UNTY Wicomico	1	oville YES□				
I	14. F	ATHER S NAME First		iddle Lost		. MOTHER'S MAIDEN NAME	First	Middle		Last
L		Philip		Hudson			ppora		Lewi	
ı	16a. Ye	WAS DECEASED EVER IN U.S. A Sing, or unknown) (17 yes giv	RMED FORCES:		-	INFORMANT			.0. Box	
ŀ	-	No			Mr	. William L.	Perry	(Husband)Bi	shopvi1	le, Md.
ı		IB. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST	only one cousi	e per line for (o), (b), and (o))		m		APPROXIA BETWEEN OF	nate interval NSET AND DEATH
ı			DIATE CAUSE (c	1) Coron	an see	lusin -	enfection		10	nin
1	-1	Condition of the Third		O, OR AS A CONSEQUENCE OF	1/ / /		′			
ı		Conditions, if any,"which gave rise to immediate cause (a)	/	b) Ojen		orderte cura	roverela	history		
ı		stating the underlying cause last.	1	O, OR AS A CONSEGUENCE OF	F					
ı	- 1	PART 2. OTHER SIGNIFICANT-Q		(t)	NOT BELLTED TO	A THE TERMINAL DISEASE OF	D COMPITION CIV	ril ou DADT 1/)		
ł		4	≱– Molilons €	MIKIDUTING TO DEATH BUT I	in of KELATED II		K CONDITION GIV	th in raki i(d)		
l	NOIL	190. DATE OF OPERATION 19	o. CONDITION I	FOR WHICH OPERATION WAS P		20g. AUTOPSÝ?	20b. I	F YES, WERE FINDINGS CO	NSIDERED IN CE	RTIFYING
ı	CERT.FICATION	3-25-68	Mo	Coming dresum		YES NO [CALIST	S OF DEATH?	2	.,,,,,,,,
I		To. ACCIDENT WAS UNDERLY	ING 21b	TIME OF INJURY	21c. H	OW INJURY OCCURRED (En	_ 1	ury in Part 1 or Part 2, 1	tem 1B.)	
		or contributing cause of or if either, notify medical exam	ATH HOUI	R A.M. Manth Day Year P.M.	r 19	,	,			
	≅ [21d INJURY OCCURRED 21 White Not while 1 It work at work	PLACE OF I	JURY (AT HOME FARM, STREET, FO		OCATION Street or R.F.D. N	Na. Cît	y ar Town	Caunty	State
		22o. I certify that (1) (1)	his hospita	Dattended the deceas	sed from	3-14 .19	6F.10	3 - 2 8 19	6 & that	1) Ywa) last
		saw the declared	alive on_	3-21	19 <u>67</u> , an	d that in/my) (aur) a	pinian death	accurred on the da	te and havr o	and fram the
ĺ		causes stated obor	/e, (I) (we)	(did) (did not) view the	body after	death.				
		22b. SIGNATURE	2.		prof	REE PHYS	MED. DIRECTOR	STAFF 22c. D	rch 28	/1068
l	H	22d. PHYSICIAN'S	I Heren	in ill Still	DEGF	22e ADDRESS	DIRECTOR L	рнуз 🔲 Ма	run 40	1990
ı			Nevins	W. Todd		Medical 0	enter,	Salisbury,	Mary1ar	nd
ŀ	230.		DATE		CEMETERY OR			ON (City or Town)	(County)	(Stote)
				1,1968 Parsor						, ,
İ	24. F	UNERAL DIRECTOR		ADDRES:	S	2Sa. REC'D	BY REGISTRAR	bury Wicor	SIGNATURE 🔔	′
		HOLLOWAY & CO	MPANY,	, SALISBURY,	MAR YLA	ND DATE	APR 2_	1968 Jel	arles	udge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b HOUR First Middle Lost DECEASED-NAME requires that the death certificate be executed within 24 haurs after death Month (Type or print) JOSEPH NORMAN 110 IF LINDER 1 YEAR IF IINDER 74 HRS 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years HOURS lost birthdoy) MONTHS July 25, 1904 VRS. 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [X] NEVER MARRIED [country) Wicomico DIVORCED [Maryland USA WIDOWED [ped 12g. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 12b. KIND OF BUSINESS OR Railroad General Hospirtal oreitaled vebrakema Salisbury burial, crematian, ar remaval, and in any event, wil pletely carbon 13o USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY JMITS? 13b. COUNTY Wicomico Salisbury Sheldon Ave. Box 156 Marvland Middle last 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Hinzerling Edgar Powe 11 Kate George 17. INFORMANT (Wife) Box 156, Sheldon Ave 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Ruth F. Powell shury. 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO Conditions, if only, which gove) burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQU Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE DICCO far use as the of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES DE DEATH? YES | NO [21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State directar, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from. that (i) (we) lost , and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed plive on... couses stated above, (1) (we) (did) (did not) view the body after death. 22e. ADDRESS 22d. PHYSICIAN'S 402 S. Division St., NAME (Type) William B. Smith 23c NAME OF CEMFTERY OR CREMATORY 23d LOCATION (City or Town) (County) 23b. DATE 230 BURIAL CREMATION Bur 1 a I Parsons Cemetery Salisbury, Wicomico, Maryland March 7,1968 2So. REC'D BY REGISTRAR 25b. REGISTRAR S S GNATUR FUNERAL DIRECTOR VR A15 (4) ~ HOLLOWAY & COMPANY, SALISBURY, MARYLAND LACK MAY ALEMA DATE MAR



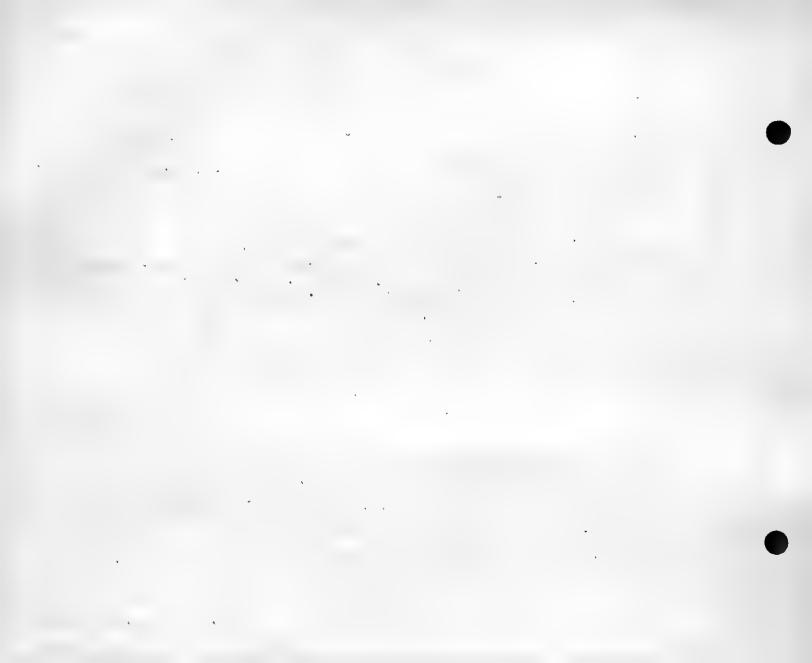
1/\/1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	20
death neral death.		CEASED-NAME First ETHEL LEE PRICE 20. DATE OF DEATH AMOUNT BY AM	25 HOUR 545 PM
the fun	3. SI	Female 1/0910 S DATE OF BIRTH 6. AGG (n yeors last burthlay) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH'S DAYS HOURS NEW.
in by ers. P	70. i tavi	SIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED WICOMICO	Md.
ithin 2. y filled on pop	10 (Salisbury 11. Name Of HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done givestreet oddress) Salisbury 12. Name Of HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done givestreet oddress) Salisbury	126 KIND OF RUSINESS OR
cuted wompletel	13a adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JMITS? 13e STREET AND NUMBER (SSSIGN) STATE 13b COUNTY /// COMICO SALISPUM (YESE) NO DE COUNTY // COMICO SALISPUM (YESE) NO DE COUN	2
be exe n ond c ie remo	14 P	FATHER'S NAME First Middle PALMER SMAIDEN NAME First Middle	Last
tificate ohysician on pleos vol, and		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dates of service) 213-14-2506 JAMes PRICE	
requires that the death certificate be executed within 24 hours after death g physician. In signed by the attention physician and completely filled in by the funeral e burnal-transit permit. Then please remove carbon papers. Pages 1 and 3 a burial, cremation, or removal, and in any event, within 72 hours after death		18. CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (f) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave rise to immediate cause (o), stating the underlying cause (o). DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH D'ACCEPT CALCY TO
The law requires th ottending physician has been signed by se os the burial-tro h prior to burial, cre	CATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR COMPRESSION CONTRESSION CONTRESSION CONTRESSION (Enter noture of injury in Port 1 or Part 2, 19 P.M. 19	Item 18.)
Poge 4 moy be retoined by the hospital or TO FUNERAL DIRECTOR: After this certificate director, poge 3 should be detached far ustrould be filed with the State Dept. of Health	MED	21d INJURY OCCURRED While Not while of work of the process of the	County State
ATTENDING etoined by th CTOR: After th should be de		22a. I certify that (I) (this hospital) attended the deceased from 19 , 19 , 19 , ta 3 , 19 saw the deceased alive an 19 , and that in (my) (aur) apinian death occurred an the d causes stated above, (I) (we) (did) (did nat) view the bady after death.	
AL OR AT OR		DEGREE PHYS DEGREE PHYS DIRECTOR DIRECTOR PHYS. 3	DATE SIGNED
TO HOSPITAL Poge 4 moy TO FUNERAL I director, pog	23 g	ALRIAL, CREMETON, 235 DATE // 23 NAME OF CEMETERY OR CREMATORY HA 236. LOCATION (City or Town)	f(County) (State)
O O O VR AIL		10 1 3/30/68 Stringfull Mening. Debron	S SIGNATURE UNSER

MAKTLAND STATE DEPARTMENT OF HEALTH

. . Þ . • •

		0.4620	DIVISION OF	F VITAL RECORDS,			RE, MARYLAND 21201		
	I	tem 6 Film G39	98 3/13/	68 kk 💢	ERTIFICATE OF	DEATH		. :3	\$ 2°
\ I		EASED-NAME First		Middle	Last	20	, DATE OF DEATH		HOUR
	(1)	pe ar print) Cear	ence	HATEMAN	Tritele	th		dy Year 19	S PA
3	SE)	17.	4 RACE	ρ.,	S. DATE OF B	BIRTH	6. AGE (In years	F JINDER 1 YEAR IF UNDER MOINTHS DAYS HOURS	24 HRS.
L		Thale		e hete	Lec.	10, 1851	lost hinhday)	3.	111111
	7a B cauni	RTHPLACE (State or foreign	7b. CITIZEN OF V	VHAT COUNTRY?	⁸ MARRIED 🔲 NEVER MA	IKKIEU []	UNTY OF DEATH		
L		Nel	4	15		ORCED	Weconus)	Mo
1		TY OR TOWN OF DEATH		NAME OF HOSPITAL OR INS e street address)	TITUTION (If not in haspital	flza. USUAL OC	CUPATION (Kind of work dan working life/even stretized.	12b KIND OF BUSINESS INDUSTRYO	OR /
-		Jalieburg JSUAL RESIDENCE (Where decease	17	Diconuco To	Ursera Home al	13d BESIDE CITY LIM.TS?	13e STREET AND NUMBER	fa. Kail:00	ef.
		sian) STATE	13b COUNTY	Luaser being	19elmer	YES NO	405 Res	. Ovc.	
1	14 F/	ATHER'S NAME First	Middle	/ Lost	15. MOTHER'S N	MAIDEN NAME First	Middle	Last	
ŀ	1/.	WAS DECEASED EVER IN U.S. AR/	HED CODEEE	166. SOCIAL SECURITY N	IO. 17, INFORMANT	un	Address		
l		is, no, or unknown) (If yes give to	war or dates of service)	TOD. SOCIAL SECONTY I	Million	in Throbe	held Herr	ort tel.	
F	٦	IB. CAUSE OF DEATH (Enter or	nly one cause per	line far (a))(b), and (c).		1000	1-1	APPROXIMATE INTERV BETWEEN ONSER AND D	IAL EATH
۱		PART I. DEATH WAS CAUSE IMMEDI	D BY:	My	Cludle	1 lake	ellos	Tell	
1	-	41.1		AS A CONSEQUENCE OF		/			
1	ı	Canditions, if any, which gave rise to immediate cause (a),							
П		stating the underlying cause	DUE TO OR	AS A CONSEQUENCE OF					
ı		last.	(c)		<u> </u>				
ı		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIB	OUTING TO DEATH BUT NO	OT RELATED TO THE SERMIN	AL DISEASE OR CONST	FION GIVEN IN PART/T(a)		
l	NOI	19g. DATE OF OPERATION / 19b	CONDITION FOR W	THICH OPERATION WAS PE	REFORMED 200. AUT	(OPSY2	206. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING	6
	CERTIFICATION	THE OF CIERRION OF THE	COMMITTOR TO	mar or the floor mas re	YES [CAUSES OF DEATH?		
	CERT	Žia. ACCIDENT WAS UNDERLYI	NG 216 TIME	OF INJURY			ire of injury in Part 1 or Part :	2, Item 18.)	
I	3	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M						
I	GW	21d INJURY OCCURRED 21e	. PLACE OF INJURY			eet ar R.F.D. Na.	City ar Tawn	County S	itate
		White Nat while at work		VOTELL BOILDING, ETC.			5/-	. /	
1		220. I certify that (I) (th	nis hospital) at	tended the decease	ed from		//	9 <u>6</u>), that (I) (w	
١		saw the deceased of	e. (1) (we) (alid	(did not view the	7 🚾 🙍 and that/in (r body after death.	ny) (our) apinior	death accorred on the	aate ana naur ond fro	in th
		22b. SIGNATURS	10	10/2	_	ANO A MED		C DATY SIGNER	
		Lall	All	070)	DEGREE PHYS.	ING MED. DIRECT	OR PHYS.	18/68	
		22d. AHYSICIAN'S NAME (Type)	fra.		22e. AD	DDRESS			
						T		(0)	,
1	23a	BURIAL, CREMATION, REMOVAL (Specify) 23b.	DATE	23c NAME OF	CEMETERY OR CREMATORY	23	d. LOCATION (City or Town)	(County) (State	1
-	24	FUNERAL DIRECTOR	1.7/6.3	ADDRESS	a douz les	2Sa. REC'D BY RE	GISTRAR 2Sb. REGISTRA	R'S SIGNATURE	
I	44.	2/1/1/2 19	mal	Ke lin	, - A.	DATMAR 1	4 4000	man Judgetin	*

MARYLAND STATE DEPARTMENT OF HEALTH





4	1	MARYLAND STATE DEPARTMENT OF HEALTH 2 S DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	ं. २४
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month D OF ESTI-	7.5
S S S S S S S S S S S S S S S S S S S	3 5	DEATH MATED	19 N
ny delay 2, and 3 PM3. Pa		11 AA 1-66,20,1911 57 YRS 100 3 00 6	Yeor 1948 M
- E - E	(OU	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 75 COUNTY OF DEATH W.DOWED DIVORCED Wicomico	M
haurs after death Item 18. Give Pages Office along with for land 2 with the Store		Guiland during most of working life even if retired.) IN	the kind of business or idustry Timber
N = 0 0	130	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d MISIDECTY LIMITS? 13e STREET AND NUMBER 13th COUNTY TOPOGREES TO THE NEW YES NO NO. 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	Úl.
	14.	FATHER'S NAME FIRST UNKNOWN 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	Lost
hin nine page		WAS DECEASED EVER IN U.S. ARMED FORCES? [16] SOCIAL SECURITY NO 17 INFORMANT Thomas Smith R.F.D. Roco.	muke MI
ld be executed with rid "pending" in per Chief Medical Exary Chief Medical Exary transit permit. File any event within 72		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY. I Transfer of Committee of Comm	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
execundin Med per per		DUE TO, OR AS A CONSEQUENCE OF	suddon
		Conditions, if ony, which gove to immediate cause (a). (b)	
wa wa the rial		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ate s g the sd to s a b		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMD TON GIVEN IN PART 1(0)	
	CERTIFICATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES 🔀 NO
Thruffication of the arms of t	MEDICAL CERT	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year PRIMARY TO OR CONTRIBUTING 21b TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Herm PRIMARY TO OR CONTRIBUTING 21b TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Herm PRIMARY TO OR CONTRIBUTING 21b TIME OF INJURY MONTH, DOY Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Herm PRIMARY TO OR CONTRIBUTING 21b TIME OF INJURY MONTH, DOY YEAR 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Herm PRIMARY TO OR CONTRIBUTING 21b TIME OF INJURY MONTH, DOY YEAR 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Herm PRIMARY TO OR CONTRIBUTING 21b TIME OF INJURY MONTH, DOY YEAR 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Herm PRIMARY TO OR CONTRIBUTING 21b TIME OF INJURY MONTH, DOY YEAR 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Herm PRIMARY TO OR CONTRIBUTING 21b TIME OF INJURY MONTH, DOY YEAR 21c TIME OF INJURY MONTH, DOY	18.)
Rada Esta 4	G.W	21d NJURY OCCURRED 21e PLACE OF INJURY (At home form street, 21f, LOCATION Street or R.F.D. No. C. Ly or Town	County State
L EXAM ecute th Page 4 ar your R: Page 1		AT WORK MAT WORK Woods 3 HL. West of Hewark, Morees	ster, Mu.
			and in my apinian
please e l director retained . DIRECT		death resulted from: Natural cours . , Accident . Suicide . Homicide . Undetermined manner	J
ry, pleeral dijector priar t		ACTUAL SIGNATURE MD. ASS STANT MEDICAL EXAMINER 22b DATE SIG	SNED
o DEPUTY DICA necessary, please exthe funeral director. S may be retained of FUNERAL DIRECTOR Health priar to but		EXAMINER'S LEAT! 1. ROJUE, J.D. DEPUTY MEDICAL EXAMINER TO NAME (Type) 100 Cariou Avo. Calistry, Tidaporess(Street, city, town, or county)	19, 1965
101 101 101 Her	230	BLR.AL CREMATION 236 DATE 236 NAME OF COMETERY OR CREMATORY 236 (OLATION (CTY O TOWN) (C	ounty) (Store)
	24	FUNERAL DÍRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR'S SIG	NATURE
VR A15ME (5) TOM REV. 1768	ת ד	larton & Savane, "on Church, Va. JohnMAR 1 4 1968 Actional	an Judges.



. 17	l I	5 20 Ph		D STATE DEPARTMENT OF H		
7		I to a fair	•	301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARYLAND 21201	0 - 20 2
e Me		ECEASED-NAME First	t Middle	Lost	2a. DATE OF DEATH	2b. HOUR
deat deat		ype or print)			MARCH 28°	
ē 7 %	3. SI		4. RACE	S DATE OF BIRTH	6 AGE (n years last birthday) 78 YRS.	IF UNDER YEAR IF UNDER 24 HRS. MININGS DAYS HOURS MIN
克 美 氰	上	FEMALE	WHITE	JAN.25,189		
De Se se		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	INNIKATED THEFT WAKKIED	9. COUNTY OF DEATH	
n 24 h illed in papers	\perp	MARYLAND	U.S.A.	WIDOWED DIVORCED	WICOMICO CO	Md.
cuted within 24 I		ALISBURY	SPRINGHILL SAN	TITUTION (If not in hospital 120 USUA RETIRE)	L OCCUPATION (Kind of work done ast of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
ed with pletely f carban ent, wit			osed lived, if institution: Residence before	13c CITY OR TOWN 13d INSIDE CITY LIE		
ecuted with campletely inve carbon y event, with	odm	SSIGN) STATE MARYLAND	136 COUNTY SOMERSET CO	1	PINE STRE	ET
e execut and camp remave in any ev	14	FATHER S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME F	rst Middle	Lost
he ar		WILLIAM RE	EVELLE	EVELYN (JOHNSON	
equires that the death certificate be exec physician. signed by the attending physician and co burial-transit permit Then please rema burial, crematian, ar removal, and in any		WAS DECEASED EVER IN U.S. AR/	(MED FORCES? 16b. SOCIAL SECURITY IN		Address	
phys en p		ios, no, or unknown,		MRS EVELYN POV	VELL PRINCESS	
that the death cer tan. I by the attending p tronsit permit The crematian, ar remo	ı	18 CAUSE OF DEATH (Enter or	only one cause per line for (a), (b), and (c)) 0	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath nut ar r	L	PART DEATH WAS CAUSE IMMEDI	IATE CAUSE (o)	Carcuma	Grany.	
he deat attend permit ian, ar r	L	1850	DUE TO, OR AS A CONSEQUENCE OF			
the sit mati		Cand tians, if any, which gove to immediate couse (a),				
tho by by tron crer		stating the underlying couse(
equires that tl physician. signed by the burial-tronsit burial, cremat		lost) (c)			
requ g ph n sig e bui		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
dw din dr ar t	JON TO	19g. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
AN: The law re all of ar attending icate has been for use as the Health priar to	CERTIFICATION			YES NO	CALICES OF DEATING	
ar of the solit		21a. ACCIDENT WAS UNDERLYIF	ING 216. TIME OF INJURY		noture of injury in Part 1 or Part 2,	Item 18.)
HYSICIAN hospital certifica scertifica sched far	MEDICAL	OR CONTRIBUTING CALSE OF DEA	iliner) P.M. IS			
Page 4 may be retained by the hospital or attending physician. Page 5 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tyneral director, page 3 snauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages shauld be filed with the State Dept of Health priar to burial, crematian, ar removal, and in any event, within 72 hursteen leasth.	2	at wark at work	B. PLACE OF INJURY (AT HOME FARM, STREET FAC OFF CE BUILDING, ETC		,	County State
by 1 frer frer be d	1	22a. I certify that (I) (th	his hospital) attended the decease	ed fram 3 - 20 , 196	8, ta 3 -27, 19	that (I) (we) last
OR ATTENDING PI be refained by the DIRECTOR: After this ge 3 snould be detr ed with the State De		saw the deceased of causes stated above	alive an	y (aur) api bady after death.	nian death accurred an the do	ate and hour and fram the
Signal Ali		22b SIGNATURE	2 - 1	ATTENDING AT	ED 22c.	DATE SUCHED
OR DIRE		Tuel	JU miley		IRECTOR PHYS PHYS	3/50/68
TO HOSPITAL OR ATTENIE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the		22d. PHYSICIAN'S NAME (Type)	ilie A. INSI	ey 1/6 E-4	1ain 87. 8A1	istory MS
HOS Be 4 UNI ecto	23 a		- 1	CENETERY OR CREMATORY	23d LOCATION (City of Town)	(County) (State)
Page Volume	1	BURTAY 3/	/30/1968 SUN Y	RIDGE MEMORIAL	EM. CRISFIELD	,MD.
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS	2So REC D B	y registrar 256. registrar's	SIGNATURE
30M REV 1/68		LEVIN R. WI	LISON PRINCESS	ANNE, MD. DATE	PK 2 1968 /CL	corles judge

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Last 2a. DATE OF DEATH 2b, HOUR First Middle ond death Mary Änna Richardson March Month 19 Day 68 Year 6:20P (Type or print) IF UNDER 24 HRS signed by the ottending physicion ond completely filled in by the fuburial-transit permit. Then please remove carbon papers. Pages burial, cremotion, or removal, and in ony event, within 72 hours affer 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR requires that the death certificate be executed within 24 hours when Female White iost birthany) Aug. 3,1877 MONTHS T DAYS HOURS 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign B. MARRIED [] NEVER MARRIED [] Maryland U.S.A Wicomico WIDOWED DO DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) Deershead State during most of working life, even if retired.) INDUSTRY Salisbury LY3c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13b. COUNTY Wico. odmission) STATE Md -Princess Annes NO | Oak Street 15 MOTHER'S MAIDEN NAME First Middle 14 EATHER'S NAME Middle Lost OLLIE PEACOCK MARTHA ROSS 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown) 216-54-913351 BENJAMIN RICHARDSON PRINCESS AN E APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RECURRENT CEREBRAL THROMBOSTS APHASTA AND DYSPHAGICE DUE TO, OR AS A CONSEQUENCE OF GENERALIZED ARTERIOSCLEROSIS * YEARS Canditians, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-tran stoting the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔀 YES [director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health p 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from (X), and that in (my) (aur) apinian death accurred an the date and hour and from the saw the deceased alive an___ couses stated above, (1) (we) (did) (did not) view the body after death. 22h SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYSIC AN'S 22e. ADDRESS 22d NAME (Type) 23d LOCATION (City or Town) 23g. BURIAL, CREMAT ON 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) PRINCESS ANNE. MD. REMOVAL SPRENT A L ST. ANDREW CEMETERY 1968 ADDRESS REGISTBAR 10 COSb. REGISTBAR'S SIGNATURE: FUNERAL DIRECTOR VR A15 (4) PRINCESS ANNE. LEVIN R. WILSON 30M REV 1/68

MAKYLAND STATE DEPAKTMENT OF HEALTH

17 .

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1105 CERTIFICATE OF DEATH U = 3 10 10 20. DATE OF DEATH 2b HOUR Last First M.ddle 1. DECEASED-NAME O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. March (Type or print) 3:30APM SUSIE RINEHART E INDER 24 HPS 6. AGE (In years IF UNDER I YEAR 3. SEX 4. RACE DATE OF BIRTH lost birthdoy) DAYS Hours ess Hugust 17 White Female 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED | NEVER MARRIED WICOMICO WIDOWED DIVORCED [filled 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)
Deer's Head State Hospital **DEUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled director, page 3 should be detached far use os the buriol-transit permit. Then please remove corbon page should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in ony event, within the state Dept. of Health prior to buriol, cremation, or removol, and in ony event, within the state Dept. 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most anyarking life, even if retired.) INDUSTRY Salisbury 13a USUAL RESIDENCE (Where deceased lived of institution: Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY NO M Queen Annels Queenstown Mary land M'ddle 1S. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Last First Middle ChANEY 100/FE FRANCES DAUGHTER 16b. SOCIAL SECURITY NO 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, ng. or unknown) MRS, SADIE 216-54-9841 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: days Tracheobronchitis IMMEDIATE CAUSE (o) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) 2h hours Bronchopneumonia rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Chronic pericarditis and emphysema vears PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 9a DATE OF OPERATION CAUSES OF DEATH? YES XI NO [Page 4 may be retained by the hospitol or 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 3 or Part 2 Item 18.) 210 ACCIDENT WAS UNDERLYING 216, TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from October 17, 1960, to March 14, 1968, that (I) (we) last saw the deceased alive an March 14, 1968, and that in (My) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (didynat) view the bady after death. 22c. DATE SIGNED 226 SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. PHYS 22e ADDRESS PHYSICIAN'S 22d. Deer's Head State Hospital, Salisbury, NAME (Type) C. Mitchell, M. D. 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) 23o BURIAL EREMATION BURGAL (Specify) 68 MARVIN CHAPE 2Sq. REC'D BY REGISTRAR 245 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68

MAKILAND STATE DEPARTMENT OF HEALTH



MAKYLAND STATE DEPARTMENT OF HEALTH



- A		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(1/1)		CERTIFICATE OF DEATH
death.		EASED-NAME First Middle Lost 20. DATE OF DEATH Pe or print) NOR MAN LESTER SCHAEFFET 3 Month 9 Day 68 Year 645PM
ges fe	3. SE)	
in 24 haurs illed in by papers, popers, popers, popers, popers	7a. B	RTHPLACE (State or fare gn 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Md.
thin 24 filled in pape	10. CI	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane give street address) 7 // during mgst af working life, even if retired INDUSTRY // DIVINION (INDUSTRY // DIVINION (IN
ecuted with campletely fave carban y event, with		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (13b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (15b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (15b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (15b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (15b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (15b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (15b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (15b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (15b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (15b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (15b. COUNTY / 2006 CITY. MISS? 13e. STREET AND NUMBER STATE L. (15b. COUNTY / 2006 CITY. MISS? 13e. STREET AN
execut and cam remave		ATHER'S NAME / First Middle / Lost IS. MOTHER'S MAIDEN, NAME First Middle ; Lost
be ex	}	Charles Schaeffer Thebla /telm
equires that the death certificate be executed within 2 physician. signed by the attending physician and campletely filler burial-transit permit. Then please remave carban pay burial, cremation, ar remaval, and in any event, within		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Address 221-07-3650 Masien Achieffer Demon Defined to the social services of the so
cert Ther		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) APPROXIMATE INTERVAL BETWEEN CONSET AND DEATH
ne death cer e attending p permit. The	П	PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF
if the off the att	Н	Conditions it any which gave
quires that t physician. signed by the burial-transit		rise to immediate cause (a), but TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
equires tha physician. signed by burial-tran	Ш	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)
regument physical signatures in the signature of the sign		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO BOATT BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION OF THE TERMINAL DISEASE
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers, Page should be filled with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 habes	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO PEATH? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
are are	ICAL CERT	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for a	¥	(If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED VALUE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. Na. City or Town County State While A street or R.F.D. Na. City or Town County State OFFICE BUILDING, ETC.
DING PH' I by the h After this Be defact		220 Learlify that (I) (this hospital) attended the deceased from 19 19 7, to death 19 that (I) (we) last
ATTENDING etained by the CTOR: After the should be devited the State	П	saw the deceased alive an1919
R ATI retai refro 3 sho with	П	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
HOSPITAL OR ATTEN ge 4 may be retained FUNERAL DIRECTOR: rector, page 3 should hould be filed with the	Ш	22d. PHYSICIAN'S 22e. ADDRESS
A m A m NERA		NAME (TYPO) E. M. LARMORE Delmar Del RIPIAI CREMATON 236 DATE. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State).
TO HOSPITAL OR Page 4 may be r to FUNERAL DIRE director, page 3 shauld be filed v	230.	REMOVAL (Specify) 3/13/68 Janessley com Francisco Janessley
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAR 1 2 1988 CHAPTER SIGNATURE
		MILLIPAN LE LIVERTO LIVERTO LA SECTIONA LA



1/1/	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	34434
HEALTH DEPT.		ECEASED NAME Frst Middle Last 20 DATE KNOWN € Month	Doy Yeor 2b HOUR
ond 3 to and 3 to MA Poge	(type of raini) Anthun I and C Cohool Stold Of the M	r. 2 1968 M
P 20 TE	3 5	EX 4 RACE S. DATE OF BIRTH 6 AGE 10 years FUNDER YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
orto arto		Male Colored May 12, 1892 To Months Dars MOURS MIN. Month March Day	2, Year 1968 7:40P
Depart Pay	70.	BIRTHPLACE (State of foreign 76 CFT/ZEN OF AVHAT COUNTRY? 8. MARRIED STNEVER MARRIED 9 COUNTY OF DEATH	
2 2 -0	(dui	MICOMIC WIDOWED DIVORCED WICOMIC	⊘ Md
Poges vith for State	10 (STY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done	12h K ND OF BUSINESS OR
de pour Mile p		Solisbury give reet address to Ren. Gen. Hop during major of yorking life, every fretired)	Nous
18. Give along we along we with the	13a	USUAL RESIDENCE (Where decreased lived if institution, Residence hefore) 126. CPTY OR TOWN 1860 NSIDE CPTY LIMITS? 13e STREET AND NUMBER	
75 a 18. 2 w	_ °	dmisson) STATE Maryland OUNTY Worcester Pocomoke City YES X NO 411 Oxford S	Street
hours after death Item 18. Give Poges 1 Office along with forg 1 and 2 with the State it after death	14 (ATHER'S NAME First Middle East 15. MOTHER'S MAIDEN DAME First Middle	Losy
		Jamuel Schoolfield Martha	Gale
	16a	WAS DECEASED EVER N S ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (res, inglight inglight was give wor or doites of service) 21.2 A 6 70.0000	1 a.1 MI
		(types give wor of do'ts of service) 213-05-7055A Finnie B. School+ield Poc	comoke City d.
		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH
executed nding r Medical permit.		PART I. DEATH WAS CAUSED BY. Cerebral hemorrhage	
end it pe		4 1. J DUE TO, OR AS A CONSEQUENCE OF	
be 'pe 'pe ansit		Canditians, if any, which gave rise to immediate couse (a), (b).	
should e word o the Cl surial-tr		stating the underlying couse DUE TO, DR AS A CONSEQUENCE OF	
should be end word "perion the Chief". burrol-transit		last. (t)	
vertificate should writing the word inworded to the Chased as a buriol-tre movel, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
tifica orde d as	NO	TIAL CAMPITAN AS APPARTAN	Tan warmanin
is certific te, writing forwords oe used as	ICATI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	CERTIFICATION	21d EXTERNAL CAUSE WAS 2 b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2,	YES X NO
NER: TI certifice hauld be iles. should I	N. S.	PRIMARY OR CONTRIBUTING HOUR A.M.	rrem 18 j
NER CEL	MEDICAL.	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Tawn	County State
	-	WHILE AT WORK AT WORK AT WORK	county 51018
			7
CAL exe or. P od fo cror		22a. I certify that I taok charge of the remains described above, held on Autopsy 🗷, Inspection 🔲, Inquiry [
oleose e director etoined DIRECTOR		death resulted from: Natural causes Accident [], Suicide [], Hamicide [], Undetermined monnel	
pleose I directly retoined by the bor to b		ACTUAL CHIEF MEDICAL EXAMINER CONTRACTOR OF THE PARTY OF	E SIGNED
EPUTY SSOY, pleose funeral direction by be retoin NERAL DIRE th prior to		SIGNATURE TO STORY MEDICAL EVANIAGE TO	ch 3, 1968
D DEPUTY necessory, the funera 5 may be 7 EUNERA!		NAME (Type) Philip A. Insley, M. D. ADDRESS(Street, city town, or county)	<u> </u>
O State	230		(County) (State)
	1	SEMOVAL (Specify) 3-11-68 Unicoville Cem. Focumore	War Md.
1	24	ATTIMERA DIRECTOR 2 A 1250 REC'D RY REGISTRAD 25h PEGISTRAD	S S GNATURE
VR A15ME [5]	X	anne Savas Frincess Hore, 16, DATE WIAR 12 1968 John	arter Judge
	-	7 1 1 1 1 1 1 1 1	



, . 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201936 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR aurs after death (Type or print) **JOHN** SHEAFFER Month SOLOMON 1968 4:42AM March IF UNCER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNIOER YEAR iast birthday) Male White July 20.1886 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED | NEVER MARRIED MIDOMED 1 DIVORCED [**) FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban paper shaujd be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 WICOMICO Pennsylvania USA llled 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address)
Peninsula General Hospital Machinist INDUSTRY Salisbury Body Mfa. 130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 113c, CITY OR TOWN 13d INSIDE CITY DIMITS? 13e. STREET AND NUMBER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 13b. COUNTY Wicomico NO T 418 Lobiolly Lane Salisburv Mar vland 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle (unknown) Sheaffer Martin Louisa 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 6b. SOCIAL SECURITY NO. 17 INFORMANT (Brother-in-law) 21 Addres Filghman Street 175-10-6770 Mr. Henry E. Nelson, Jr., Salisbury, Maryland Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditions, fony, which gave) rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been 400 19c. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO 🔯 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M be retained by the haspital Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from 1940, 1940 (I) (we) last saw the deceased alive on 1940, that (I) (we) last saw the deceased alive on 1940, and that in (my) (our) apinion death occurred on the date and haur and from the causes-stated abaye, (I) (we) (did) (did nat) view the bady after death. 225 SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR /1968 March PHYS PHYS 22e ADDRESS 22d. PHYSICIAN'S Fruitland, Maryland Dr. Robert T. Adkins 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION 23b. DATE (County) (Stote) REMOVA (Specify) March 8,1968 Salisbury, Wicomico, Maryland Wicomico Memorial Park 2Sb. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4)* 30M REV. 1/68 HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE MAR 11



IS USLAR RESIDENCE (Where deceased twee, if institution, cresidence before admission) STATE Mary and 13b. COUNTY Wicomico Salisbury 155. NO. 1409 S. Park Drive 1409 S. Park Drive 155. Morthers Made First 155. Morthers Mad
The part of the
DECASED-NAME First Modele Lost Park Par
Companies Comp
EARL HENRY S. DALCE BIRTH December 21, 1918 December 21,
S. DATECT BIRTH S. DATECT BIRTH December 21,1918 S. DATECT BIRTH December 2
December 21,1918 #4,900000 December 21,1918 #4,90000000 December 21,1918 #4,90000000 December 21,1918 #4,90000000 December 21,1918 #4,9000000000000000000000000000000000000
To Britiphace (Stote or foreign 7b. CHIZEN OF WHAT COUNTRY? 8. MARRIED Never Married N
The state of the s
The CHYON OF DEATH Salisbury To (ITY OR TOWN Salisbury To (ITY OR TOWN OF DEATH Salisbury To (ITY OR TOWN Salisbury To (ITY OR TOWN TO (
Salisbury Salisb
Deputing the part of the part
Salisbury States and bunders and some personal property of the states of
Maryland Wicomico Salisbury 15th No. 409 S. Park Drive 105 1
The part of the pa
George Shepherd Bessie Futre1 100 WAS DECEASED EVER IN U.S. ARMED FORCES? 101 Was DECEASED EVER IN U.S. ARMED FORCES? 102 Was DECEASED EVER IN U.S. ARMED FORCES? 103 WAS DECEASED EVER IN U.S. ARMED FORCES? 104 Was DECEASED EVER IN U.S. ARMED FORCES? 105 WAS DECEASED EVER IN U.S. ARMED FORCES? 106 WAS DECEASED EVER IN U.S. ARMED FORCES? 107 Was DECEASED EVER IN U.S. ARMED FORCES? 108 WAS DECEASED EVER IN U.S. ARMED FORCES? 109 WAS DECEASED EVER IN U.S. ARMED FORCES? 109 WAS DECEASED EVER IN U.S. ARMED FORCES? 100 WAS DECEASED EVER IN U.S. ARMED FORCES? 100 WAS DECEASED EVER IN U.S. ARMED FORCES? 101 Was DECEASED EVER IN U.S. ARMED FORCES? 102 Was DECEASED EVER IN U.S. ARMED FORCES? 103 Was DECEASED EVER IN U.S. ARMED FORCES? 104 Was DECEASED EVER IN U.S. ARMED FORCES? 105 Was DECEASED EVER IN U.S. ARMED FORCES? 106 WAS DECEASED EVER IN U.S. ARMED FORCES? 107 Was DECEASED EVER IN U.S. ARMED FORCES? 108 WAS DECEASED EVER IN U.S. ARMED FORCES? 109 Was DECEASED EVER IN U.S. ARMED FORCES? 100 WAS DECEASED EVER IN U.S. ARMED FORCES? 101 WAS DECEASED EVER IN U.S. ARMED FORCES? 102 WAS DECEASED EVER IN U.S. ARMED FORCES? 104 WAS DECEASED EVER IN U.S. ARMED FORCES? 105 WAS DECEASED EVER IN U.S. ARMED FORCES? 106 WAS DECEASED EVER IN U.S. ARMED FORCES? 107 WAS DECEASED OF DEATH OF WAS CAUSED BY WAS A CONSEQUENCE OF 108 WAS DECEASED EVER IN U.S. ARMED FORCES. 109 WAS DECEASED EVER IN U.S. ARMED FORCES. 109 WAS DECEASED EVER IN U.S. ARMED FORCES. 100 WAS DECEASED EVER IN U.S. ARMED FORCES. 100 WAS DECEASED EVER IN U.S. ARMED FORCES. 101 WAS CAUSED BY. 102 WAS CAUSED BY. 103 WAS CAUSED BY. 104 WAS CAUSED BY. 105 WAS CAUSED BY. 105 WAS CAUSED BY. 106 WAS CAUSED BY. 107 WAS CAUSED BY. 108 WAS CAUSED BY. 109 WAS CA
The was deceased ever in us armed process? The was deceased ever in us armed process. The was deceased ever in us armed every in us armed every in the ev
The state of Death (Enter only one cause per line for (a), (b), and (c)) When the state of Death (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (c), stating the underlying cause lost in mediate cause (c), stating the underlying cause lost in mediate cause (c), stating the underlying cause lost in mediate cause (c), stating the underlying cause lost in the different lost in mediate cause (c), stating the underlying cause lost in the different lost in mediate cause (c), stating the underlying cause lost in the different lost in the different lost in mediate cause (c), stating the underlying cause lost in the different
18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave isse to immediate cause (o), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave isse to immediate cause (o), stating the underlying cause (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF CALL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF CALL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF CALL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF CALL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF CALL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF CALL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF CALL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF CALL BUT NOT RELATED TO THE TERMINAL DISEAS
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost to underlying cause
TART I. DATH WAS CHOSED (a) TO THE STATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave isset a immediate cause (a), stating the underlying cause (c) DUE TO, OR AS A CONSEQUENCE OF Institute of the conditions of the
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave to any
Conditions, if any, which gave rise to immediate cause (a). Stating the underlying cause (b)
is to immediate cause (a), stating the underlying cause (b). Stating the underlying cause (c). Stating the underlying cause (d). Stating the underlying cause (e). Stating the underlying cause (f). Stating the u
Sating the underlying cause (c) COLUNCIA TO CALZ PROCESTS S PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION SIDE OF INDUSTRY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF INDUSTRY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF INDUSTRY PART 2. OTHER SIGNIFICANT CONTRIBUTION OF INDUSTRY PART 2. OTHER SIGNIFICANT CONTRIBUTION OF INDUSTRY PART 2. OTHER SIGNIFICAN
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONTRIBUTION TO
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONSIDERED IN CERTIFYING 19a. Date of Operation 19b. Condition for which operation was performed 2Da. Autopsy? 20b if yes, were findings considered in certifying Causes of Death? Yes No Cause of Death? Yes No Year Yes No Year Yes No Year Yes No Yes Yes No Yes Yes Yes No Yes Yes Yes Yes No Yes
NOT THE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? YES NO CAUSES OF DEATH? 19a. Date of Operation 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Day Year 190 contributing Cause of DEATH HOUR A.M
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? YES NO CAUSES OF DEATH? 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 190. DATE OF OPERATION 196. CONSIDERED IN CERTIFYING CAUSES OF DEATH? 190. DATE OF OPERATION 196. CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 190. DATE OF OPERATION 196. CONSIDERED IN CERTIFYING CAUSES OF DEATH? 190. DATE OF OPERATION 196. CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 199. CAUSES OF DEATH? 190. DATE OF OPERATION 196. CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) While of the operation 190. CAUSES OF DEATH? 21d. INJURY OCCURRED 21d. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Part 2, Item 18.) 21d. INJURY OCCURRED 21d. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Part 2, Item 18.) 21d. INJURY OCCURRED 21d. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Part 2, Item 18.) 21d. INJURY OCCURRED 21d. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Part 2, Item 18.) 22d. I certify that (I) (this haspital) attended the deceased from 190. And that in (my) (aur) application 2 date 2 da
YES NO 121a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Day Year 19 21d Injury Occurred on the deceased of year 19 22a. I certify that (1) (this haspital) attended the deceased from 19 22a. I certify that (1) (this haspital) attended the deceased from 19 22a. I certify that (1) (this haspital) attended the deceased from 19 22a. I certify that (1) (this haspital) attended the deceased from 19 22a. I certify that (1) (this haspital) attended the deceased from 19 25a. and that in (my) (aur) appring death accurred on the date and have and from the
21a. ACCIDENT WAS UNDERLYING One Contributing Cause of Death Hour A.M. Month Day Year Hour A.M. Month Day Year P.M. 19 21d Injury Occurred P.M. 21d Injury Occurred P.M. 19 21d Injury Occurred P.M. 21d Injury Occurred P.M. 21d Injury Occurred P.M. 19 21d Injury Occurred P.M. 21d Injury Occurred P.M. 19 21d Injury Occurred P
DNA A HOME FARM, STREET, FACTORY) 21d INJURY OCCURRED 21d INJURY OCCUR
21d Invitry Occurred of the lege and the deceased from Movement, 19 65, to March, 19 65, to
While Not while at work at wor
22a. I certify that (1) (this haspital) attended the deceased from November, 1966, to March, 1966, that (1) (we) last saw the deceased give an work of the deceased from the saw the deceased give an the deceased give and that in (my) (aur) applican death accoursed on the date and hour and from the
sow the deceased glive an structure of the deceased from the deceased from the source of the deceased glive and the deceased glive
The state of the contract of t
E 2 € 3 € causes stated above, (1) (we) (did) (did not) view the bady after death.
THE PLANT CONTROL OF THE SIGNED 226. DATE SIGNED
B & B B D DIRECTOR D STAFF DIRECTOR D PHYS. D 3 6 6 8
22d. PHY CIAN S 22e. ADDRESS
AME (Type) Dr. John Bulling and S. Salishana Billing and S. Salishana B
S. Salisbury Blvd., Salisbury, Md.
Q ⊕ € 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Burial Indicti 113 1 2001 of low III I delile Let V
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 5 SIGNATURE
30M REV. 1/68 HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE MAR 1 2 1988

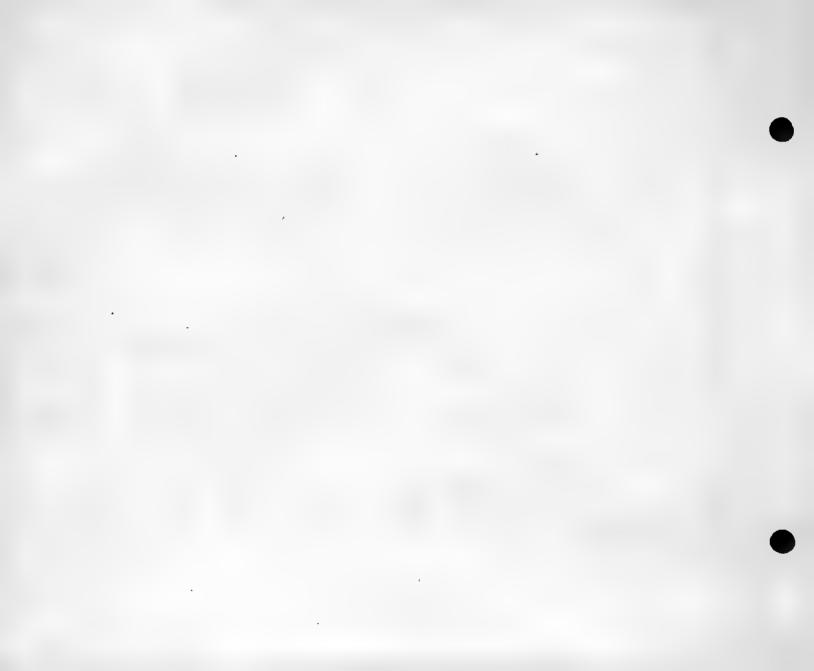


		MAKTLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	373
HEALTH OFFI	1 0		n. v In nous
	(Type or Print) Dharling Hindson Shooklast	Day Year 26 HOUR .7-689
Poge	3 S		2d HOUR
defe ond M3. I	, ,	INSTANTING DAYS HOURS MIN Month Day	Year 19 68 N
	7a.	BRITHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	14 QQ N
stote Depart	£Qy.	MARGLAND USA WIDOWED DIVORCED Wicomico	M
age age h fo		ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 1	12b. KIND OF BUSINESS OR
hours after death Item 18. Give Pages 1-1. Office olong with form Land 2 with the State De after death.		Salisbury give Pendinsula General during most of working lite even if retired land to be burned burners land to be burners land	Noustry Duponts
s after 18. Giv olong with 1	13a	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN	
18. 18. 2 wilded	0	dmission) STATE Del. 13b. COUNTY / Frankford YES NOX Route 1	
hours Item 1 Office I and 2 after d	14 [ATHER S NAME First Middle Last IS MOTHER S MAJDEN NAME First Middle	Last
			ıdson
within 24 pencil in caminer's le poges 72 hours	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 18 O 4 3 7 INFORMANT ADDRESS	
with per years and years and years with per years and ye		es, many distribution (1 yes give wat of dates of service) 222-28-9437 William Shockley Frankf	
red on E hin hin		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
executed nding in Medical permit. It withir		IMMEDIATE CAUSE (a) SUBTRICTION TO THE THE CAUSE (b)	hours
be executed "pending" in rief Medical E insit permit. F event within		Conditions, if only, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) Property and beauty and beauty	2
d be d 'p Chie		nse ta immediate cause (a), (b) Trup care a Derry arreary Sin	hours
should be executed in word "pending" in a the Chief Medical E. buriot-transit permit. F. in any event within	l	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate shade, writing the speciate, writing the speciate forworded to the be used as a bur riemoval, and in		PART 2 OTHER SIGNAFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifi wr fi orword used (TION	190. DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION	20. AUTOPSY?
his ce ofe, v e for be us	CERTIFICATION	WAS PERFORMED?	YES 😿 NO 🗌
t be defined the	CER	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter	
INER: T e certific should b files. 3 should	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH P M 19	
KAMINER: te the cert ge 4 should your files. dge 3 shou crematian,	ME	21d. N.JRY OCCURRED	Caunty State
EXAMINER tute the cer oge 4 should fles. I your files. Page 3 should fles. I crematian		WHILE NOT WHILE factory, office building, etc.)	
<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>		22a certify that I took charge of the remains described above, held an Autopsy 🔏 Inspection 🔏, Inquiry 🔼	and in my opiniar
DEPUTY DICAL E		death resulted ram: Natural causes 🔀, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🕻	
please please refained in to b	1	CHIEF MED CAL EXAMINER	
JTY ple erol di be retol di RAL DI RAL DI prior		ACTUAL SIGNATURE M.D. ASSISTANT MED CAL EXAMINER 22b. DATE SI	
DEPUTY stessary, e funera may be FUNERAL		EXAMPLE CONTRACTOR OF THE PROPERTY OF THE PROP	ch 18, 1968
O DEPUTY DICA necessary, please ex the funeral director. 5 may be retained to cuneral DIRECTO Health prior to burner		Name (Type) 1:09 Camden Ave., Salisbury, Madpress(Street, city, town, or county)	
ちょれるまり	23 a	REMOVAL CONTINUE OF THE PROPERTY OF THE PROPER	(County) (State)
14/1	24.	AMERY AREJOR, A MOLA ADDRESS 1250 REGUSTRAR 1250 REGISTRAR 1250 RE	GNATHP!
VR A15ME (5)			rles Judge

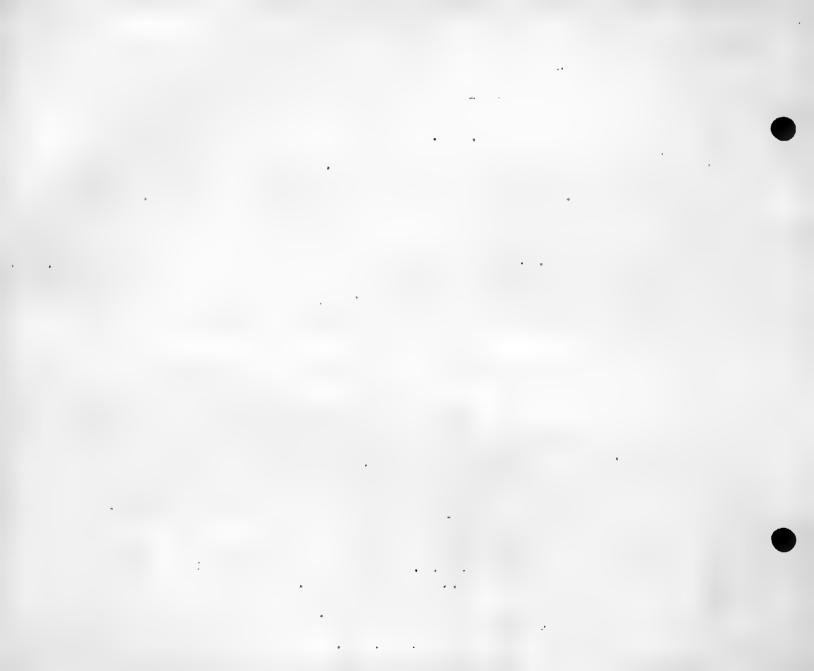


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14934 04939 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COLINTY p. STATE b. COUNTY Wicomico MARYLAND nicomico b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) . lishurv Salishury d NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) carban papers. d STREET ADDRESS e IS RESIDENC ON A FARM? 610 71177 NO X 610 H111 VES law requires that the death certificate be executed within NAME OF Middle Last 4 DATE Month Day Year signed by the attending physician and campletely burial-transit permit. Then please remove carban burial, cremation arrammed and in the DECEASED (Type or print) Ernest DEATH Monch 1968 howall 9. AGE (In years lost birthday) S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED 3 8. DATE OF BIRTH JE UNDER 24 HRS NEVER MARRIED Months Dovs Hours WIDOWED DIVOR CED July 5,1901 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Cab Driver INDUSTRY COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, hilliam Showell Gregory 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, go, or unknown) (If yes give wor or dates of service Showell. 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (a), **DUF TO** ificate has been s far use as the b if Health priar tab stating the underlying cause Page 4 may be retained by the haspital ar attending last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ro FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us YES [NO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. Nat While factory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this haspital) attended the deceased from and that death occurred at Aram causes and on mediate stated above saw the deceased alive an 22a. SIGNATUR 22b. DATE SIGNED **ATTENDING** directar, page 3 shauld be filed v M.D. DIRECTOR PHYS PHYS 22c. PHYSICIAN'S **ADDRESS** NAME (Type) **BURIAL CREMATION** 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Count) REMOVAL (Specify) Cometerv shelevville Punia 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25g. RECD BY REGISTRAR VIII A15 (4) 1 Milania DATE DO 20 M 1/66



		DIVISION	OF VITAL RECO			N STREET, BALT		LAND 21201			
FOR STATE		12540				ERTIFICATE				. * 1	- #
HEALTH CEPT.		ECEASED NAME First Type or Print) TOE		Middl	e	lost Smit	h	20. DATE KNOWN OF ESTI- DEATH MATED	Month	Year	26 HOJ!
Cny delay 's 2, and 3 to PM3. Page	3 5		5 DATE OF BIRTH		6 AGE (In years lost birthgay) YRS	F UNDER I YEAR MONTHS DAYS	# UNDER 24 HRS HOURS MIN.	2c DATE PRONOUNCED	Dead Day	Year 19 6	2d. HOU
ges L.	canu	Georgia ITY OR TOWN OF DEATH	II NAME	OF HOSPITAL	8. MA WiÐ	RRIED NEVER MAR DWED DIVO	RCED 12a USUAL O	Wicorico	rk done	2b KIND OF BU	N
wir eo	13a o	Fruitland USUA: RESIDENCE (Where decease dmission) STATE Md.	d lived, if institution 13b COUNTY VI	Residence	before 13c CITY	St. OR TOWN IN	HINSIDE CITY LIMITS?	of working life, even if in a door or life in the street and number of the street and summer of the street and	BER	NDUSTRY	
24 hours in Item 18 r's Office of sond 2 v		ATHERS NAME First Unkown			rasţ	IS MOTHER'S MAIL	DEN NAME First Unkow		dle	Lo.	st
I w thin 24 n pencil in Examiner's File pages n 72 hours		WAS DECEASED EVER IN U.S. ARMED For the second of unknown)	ORCES? To parties of service)	b SOCIAL S ECU		7 INFORMANT Od*ssa	Watkins	ADDRES Oak St.	_		, Md.
be executed "pending" i hief Medical ansit permit. event withii		1B CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIA Canditions, if any, which gave trise to immediate cause (a), stating the underlying cause last.	One couse per ne se se cause (a)	CONSEQUEN	ilersy WCE OF	•				APPROX MAI BETWEEN ONSE min a	T AND DEATH
te, writing the word for word forwarded to the Clee used as a burial-tremoval, and in any	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDI 			FOR WHICH OPE		SEASE OR CONDIT (ON GIVEN IN PART I(a)		20. AUTOPS	
TO DEPUTY SICAL EXAMINER: This necessory, please execute the certificate, the funeral director Page 4 should be for 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be un Health prior to burial, cremation, or rem	MEDICAL CERTIF		LACE OF INJURY (At h	JRY Manth, Do	19 2	To HOW INJURY OCI		of injury in Part I or	Part 2, Iten	YES TO IB.)	NO K
		22g certify that of death resulted from. ACTUAL SIGNATURE EXAMBLER'S APP I L. BURIA, CREMATION, EMOVAL (Specify) 23b. REMOVAL (Specify) 23b.	Natural causes Reyer Reyer Riden Av	remains de	cident	Suicide , CHIE M.D. ASSI DEPL TY. M. ADD OR CREMATORY	F MEDICAL EXAMIN STANT MEDICAL EXA JTY MEDICAL EXAMI RESS(Street, city, to	Undetermined r ER AMINER INFORMATION INFORMATION (City or Tow	22b. DATE SI	GNED	Stote)
VR ATSME (S)	24.	FUNERAL DIRECTOR /	9/68	/	ADDRESS	es Came	2SO REC'D BY RE	GISTRAR 256 REG	Fico SSIRARS SI	GNATURE COM	1d.



						O STATE DEPARTME			
	1		0.14	DIVISION O	F VITAL RECORDS,	301 W. PRESTON STRI	EET, BALTIMOR	E, MARYLAND 21201	* *
			JE 343			ERTIFICATE OF I	DEATH		•
	- ~N		CEASED-NAME Firs	it	Middle	SOMERS		DATE OF DEATH	25 HQUR
	funeral 1 and 2 er death	(1	(pe or print) FREI	DERICK	HAROLD	Somer.	S	PARCHOOTTH DO	1968 10AM
	offer fur	3 SE	male	4. RACE	site	5. DATE OF BIR	тн 12, 1967	6. AGE (In years last birthdoy) YRS.	FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	Imple Ers Po 2 hours	70. E	IRTHPLACE (State or foreign try) Maryland	7b. CITIZEN OF V		8 MARRIED NEVER MARR	9. CO	INTY OF DEATH	.a. Md
	Ilied paper in 7		ITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OF INS	TITUTION (If not in hospitor	120. USUAL OCC	UPATION (Kind of work done	12h KIND OF BUSINESS OR
	within son S		Salisbury	P	eninsula	General Hos	spirtmio	working life even if retired)	INDUSTRY X X X
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital or afterding physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 man and the state Dept.		USUAL RESIDENCE (Where decersion) STATE Marylar	ased lived, if institu ad 13b. COUNTY	Somerset /	1400 4.11 411 1411	3d INSIDE CITY LIMITS? YES NO	13e STREET AND NUMBER 13 Somers Co	ove Apts.
	exel amo ony	14. [ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAI		Middle	Last
	n an an an al		Glenwoo	od F.	Somers		Mary	Ellen	Scott
	hysicia n pleos	16a Y	WAS DECEASED EVER IN U.S. Ales, na, or unknown) (If yes gove	RMED FORCES? • war or dates of service)	16b. SOCIAL SECURITY N		F. Somer	Address B, Same as 13	
	cert Iner		18. CAUSE OF DEATH (Enter of		line [97(a), (b), and (c).	7 1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ooth ndir nit. or re		PART I. DEATH WAS CAUS IMMED	SED BY: DIATE CAUSE (a)	Liver	Tarlur	3		
	atte perm on,			DUE TO, OR	AS A CONSEQUENCE OF	- 0 Q. D.	(n+	unds.	spie buth
	the the sit in oti		Conditions, if any, which gave rise to immediate cause (a)	(b)	Congenil	al Diliai	y Mu	evia	To Judy
	thought in the part of the creek		stoting the underlying couse		AS A CONSÉQUENCE OF	(J		
	nres lysic med rial- riol,	1	lost. PART 2. OTHER SIGNIFICANT C	OF DITIONS CONTRIS	SHITING TO DEATH BHT M	T DELATED TO THE TEDMINAL	DISEASE OP CONDIT	ION CIVEN IN PART 1(a)	
	The law requires the other ding physician has been signed by se as the burial-traith prior to burial, cre			ONDITIONS CONTRIL	OUTING TO DEATH BUT IN	A KEEKIED TO THE TERMINAL	DIJENJE OKCONDII	ion diven in TAKE I(u)	
	dw ndin beer the or to	질	190. DATE OF OPERATION 119	b. CONDITION FOR V	VHICH OPERATION WAS PE	RFORMED 200. AUTOP	SY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
	offer last last last last last last last last	CERTIFICATION	THE OF BELLEVIOR			YES 🗀	NO F	CAUSES OF DEATH?	
	or o		21g. ACCIDENT WAS UNDERLY			21c. HOW INJURY OCCU	URRED (Enter natu	re af injury in Part 1 or Part 2,	, Item 18.)
	CLAP iffed iffed for free	MEDICAL	OR CONTRIBUTING CAUSE OF DI (If either, notify medical exar						
	PHYSICIAN: The law le hospital or ottendin his certificate has bee tracked for use os the Dept. of Health prior t	WE SE	21d INJURY OCCURRED 21		AT HOME FARM, STREET FAC		ar R.F.D. Na.	City or Tawn	County State
	he he this this letters De	1	While Nat while at wark		(Ollice approved the				/
	ING by t ffer be d		22a, I certify that (I) (itended the decease	ed from 2/15			9.68, that (I) (we) last
	END ed led l		saw the deceased	alive an	ا <u>طاح ا</u> d) (did nat) view the	9.120, and that in (my bady after death	/) (aur) apinion	death accurred an the a	ate and haur and fram the
	ATTENDING etained by the CTOR: After the should be do not the state.		22b. SIGNATURE	70, (1) (110) (410	dia nai y tiett me		- Area		. DATE SUBNED
	OR be re	ı		(lon	leison	DEGREE PHYS	G DIRECTO	OR PHYS.	3/6/68
	AL Oy by the page		22d PHYSICIAN'S D.	G. Ander	rson, M.D.	22e. ADDR	Nedica	1 Center - Sa	lisbury, Md.
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Healt	L	1110.00(1 ([27)	4 111001					
	HO.	230		D. DATE		CEMETERY OR CREMATORY	23d	Crisfield So	merset- Md.
	5 5 5 2 x			arch 7,19		idge Cemetery	2Sa. REC'D BY REG		
	VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR Brads	haw & So	ns - Crist	ield, Md.	DATEMAR		wla Judge
V .									

У X , .

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR (Type or print) WESLEY HOWA after 3 SEX RACE S. DATÉ OF BIRTH 6. AGE (In years IF UNDER I YEAR signed by the attending physician and completely filled in by the ti burial-transit permit. Then please remave carban papers. Rages I burial, crematian, ar remaval, and in any event, within 72 haurs atte last birthday) MONTHS DAYS White May 22, 1904 requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED (II) Maryland USA Wicomico WIDOWED | DIVORCED [12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12h, KIND OF BUSINESS OR General Hospital Salesman **INDUSTRY** Salisbury Produce 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY YES 🗔 Wicomico Salisbory R.D. 1, Ocean City Road 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle First Taylor William Julia Etta Townsend R.D. Address Ocean City Rd. Taylor, Salisbury, Maryland 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (Wife) Yes, no, or unknown) I (If yes give wor or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 216 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) nse ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) priar ta t O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? CAUSES OF DEATH? NO 🖂 YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County While Nat while at work causes stated above. (1) (we) (did) (did not) view the body after death. 22h SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S S. Salisbury Blvd., Salisbury, Maryland T. Bulkeley 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23h DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Burial 1968 Wicomico Memorial 1968sb. REGISTRAR'S SIGNATURE Park Salisbury, Wicomico, Maryland 250 RECD BY REGISTBAR DATE MAR 1 5 FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 HOLLOWAY & COMPANY, SALISBURY, MARYLAND

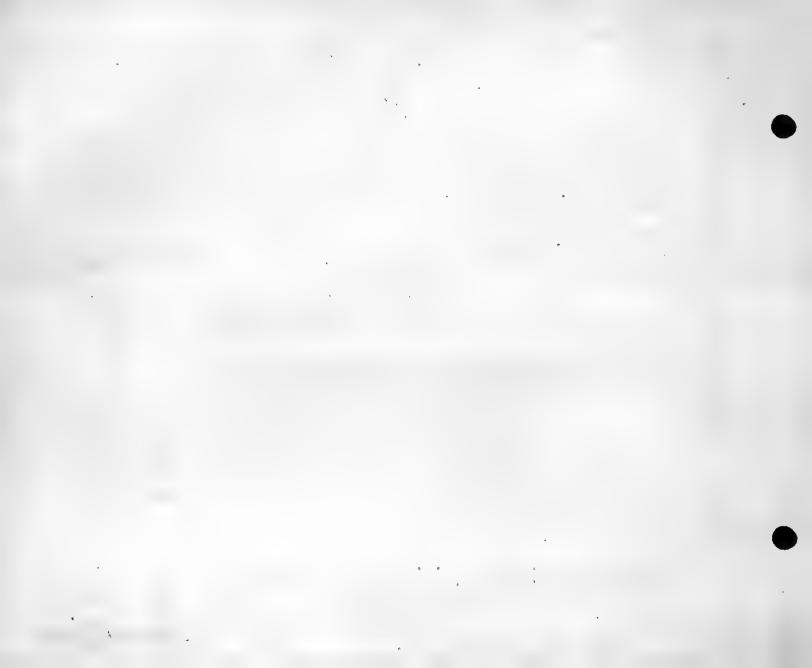
MAKYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle 2a. DATE OF DEATH 2b. HOUR and 2 uneral (Type or print) March MANGETATA VERTRUDE TIMMONS signed by the attending physician and campletely filled to by the burial-transit permit. Then please remove carbon papers. Pages I burial, crematian, ar removal, and in any event, within 72 haurs after 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) MONTHS | HOURS Female White January 3 1880 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WICOMICO Maryland USA WIDOWED K D-VORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within during mast of working life, even if retired.)
Housewife INDUSTRY Sali sbury State Hospital at home 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE Mary Land Talbot Claiborne NO [14. FATHER'S NAME IS. MOTHER S MAIDEN NAME First First Middle Lost Middle Lost Daniel Farlow Rider Parsons Louisanna 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (Son) 42-Add Braddock Street Mr. William D. Timmons, LaVale, Maryland 17. INFORMANT (es, no, or unknown) 220-46-5013 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY Years Generalized arteriosclerosis IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Minutes Aspiration of stomach contents rise to immediate cause (a). Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept of Health priar ta Diabetes mellitus 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [2)a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County While Nat while of work ot wark 22a. I certify that (1) (this haspital) attended the deceased from December 5, 19.67, ta March 22, 19.68, that (3) (we) last saw the deceased alive an March 22 19.68, and that in (My) (aur) apinian death accurred an the date and hour and from the causes stated abave, (x) (we) (dtd) (did not) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS. PHYSICIAN S 22e. ADDRESS 22d NAME(Type) A. C. Mitchell, M.D. Deer's Head State Hospital. Salisbury 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE (County) (Stote) REMOVAL (Specify) March 25,1968 Pittsville Cemetery Pittsville.Wicomico. Maryland 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 1968 30M REV 1/68 HOLLOWAY & COMPANY, SALISBURY, MARYLAND

. 5 , • .

.,		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	\$ 4 da
HEALTH DEPT.	1. 0	DECEASED NAME Frst Middle Last 2a DATE KNOWN Manth Da OF ESTI- Type or Print) MARY E. VINCENT 0F ESTI- 3-22	
	3 S	TARIT D. VIIVOTATI DIATH MATED 3-22	2-68 ₁₉ M
deloy one 3. Pa		F AA 937 Startinger Months DAYS HOJRS Min Month 3 Day 22	Year 1968 2d Hour
2,2,0		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TINEVER MARRIED 9. COUNTY OF DEATH	
auth Poges I State D		WIDOWED DIVORCED WICOMICO	Md.
9 4 3	10. (DUSTRY
after d 8. Give olong v with th	13a	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY HM 152 13e STREET AND NUMBER	
rs al	_	dm ssion) STATE Md. 13b COUNTY Wicomico Salisbury YES NO Bailey Lane,	Jersey Rd
1 within 24 hours after in pencil in Item 18. Give Exorniner's Office along file pages lond 2 with the 72 hours offer death.	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN HAME First Middle	Last
thin 24 not in priner's poges hours	lòs.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL/SECURITY NO 12 INFORMANT ADDRESS 17	
I with: n penc Exomili File pc	-1	(85 no. actualization) (Wes gut you or doines of service)	elly Xane
ted in many many many many many many many man		IB. CAUSE OF DEATH (Enter an y one cause per line far (a), (b) and (c) PART I DEATH WAS CAUSED BY	APPROX MATE INTERVAL BEDWEEN CHISET AND DEATH
ding ding hedic perm		IMMEDIATE CAUSE (a) PILO Brain necrorrhage	hunden
be e per ief A nsit		(anditions, fony, which gave) Hypertangive condingegullar dispage	your
should be execute ne word 'pending to the Chief Medica burial-transit permit		ase to immediate cause (a), (b) Thy por softs 200 Caracter are a couse (b). Stating the underlying couse (couse (0
sho he w to th burid			
XAMINER: This certificate should be executed with the certificate, writing the word "pending in pege 4 should be forwarded to the Chief Medica Exoryour files." age 3 should be used as o buriol-transit permit file cremation, or removol, and in any event within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
writi writi rwor sed	ATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate, writing the forward of the forwar	RTIFIC	WAS PERFORMED?	YES NO
# - 9	MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 216 TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING 100 FOR 2, Hem PRIMARY OR CONTRIBUTING 100 FOR 2, Hem PRIMARY 100 FOR 200 F	18)
HNER should should files.	MEDI		ounty State
DEPUTY DICAL EXAMINER: ressary, please execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should earth prior to buriol, cremation.		WHILE NOT WHILE foctory, office building, etc.)	
ICAL EXECU- tor. Page ed for) (CTOR: P buriol,		22a. I certify that I took charge of the remains described above, held an Autopsy 🔼, Inspection 🔼, Inquiry 🔼,	and in my opinian
pleose e pleose e I director retained DIRECT or to buy		death resulted from: Notural causes X, Accident , Suicide , Homicide , Undetermined manner	
TY, pleose viol direction to prior to		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SIGN	NED
EPUTY sssary, funeral oy be oy be JNERAL ifh pri		EXAMINER'S Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER & March	25, 1968
TO DEPUTY necessary, the funero 5 may be TO FUNERA Hearth pr	230	NAME (Type) 1109 Camden Ave., Salisbury, MdADDRESS(Street, cty, town, or county) BORIAL, (REMATION. 236 DATE 7 23c) NAME OF CEMEFERY OR (REMATIORY 23d 106ATION (City.or Town) (Con	(Chata)
	1	APPRIAL (REMATION 23b DATE 3-27-L8 23c, NAME OF CEMETERY OR (REMATORY 23d LOGATION (City of Town) (Con Elementary USA)	unty) (State)
	24	TUMERAL DIRECTOR ADDRESS) 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGN	
VR A15ME (5)		Booker West, Salisbury, Md. DATE OF GOOD TO THE STATE OF	1 7 0



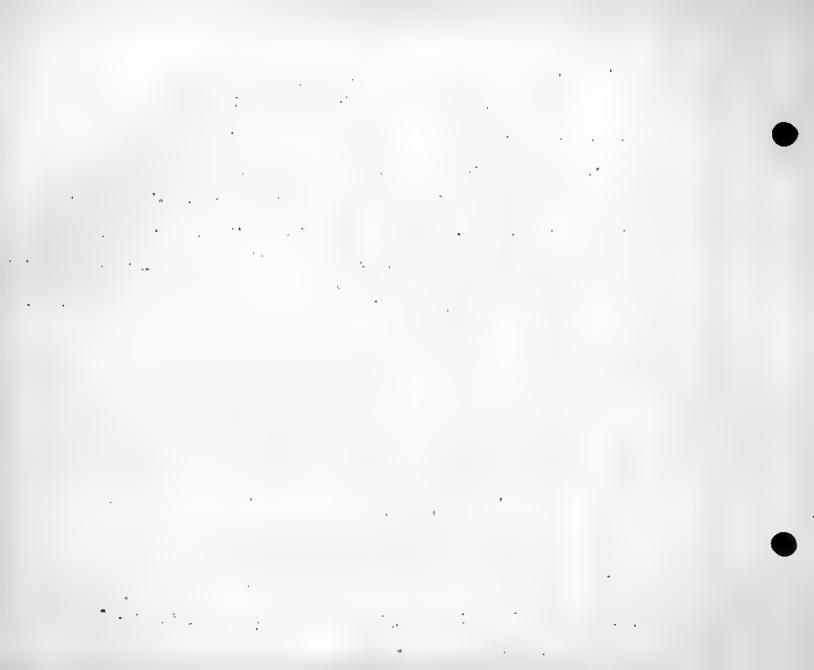
			MARYLA	ND STATE DEPART	IMENI OF HEAL	TH	
		348	DIVISION OF VITAL RECORDS		-	E, MARYLAND 21201	Y. 49 .
ì		OTOIV		CERTIFICATE O	F DEATH		4.4
1	1. DI	CEASED NAME First	M.ddle	/ Lost	2а.	DATE OF DEATH	2b. HOUR
	(1	ype or print) MAR	TENIS	Weide	ma	Manth Day	1968 12NM
ľ	3. SE	х ,	4 RACE	S. DATE O		6. AGE (In years	IE UNDER YEAR OF UNDER 24 HRS
l	1	Nale	White	VoV.	. 26, 190	last birthday) 3 64 YRS	MONTHS DAYS HOURS MIN
ľ	70 E	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED A NEVER I	MARRIED 9. COI	INTY OF DEATH	
1		Maryland	U.S.A.		VORCED 🔲 W	icomico	Md.
-	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If nat in haspite	al 12a USUAL OCC	UPATION (Kind of work done	12b, KIND OF BUSINESS OR
`		Salisbury	Peninsula	General I	Hospital	working life, even if retired.) Dealer	Appliance
1	13c	USUAL RES DENCE (Where deceo	osed lived, if institution, Residence before	13c CITY OR TOWN	3d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
١		ssian) STATE Maryland	Jorcester V	Pocomoke	YES ☑ NO ☐	14th Str	eet
ı	14 1	ATHER'S NAME First	Middle Last		MAIDEN NAME First	Middle	Last
4		Frank	Weide		Grace		Ruddema
١	16o Y	WAS DECEASED EVER IN U.S. AR es, po, or unknown) (If yes give				Address	0.15. 163
ı		.10			annle Wel	dema, Pocomo	Ke Clty, Ma
ı		TB. CAUSE OF DEATH (Enter of PART 1, DEATH WAS CAUSE	rnly ane cause per line far (a), (b), and (0), -/-	/		BETWEEN ONSET AND DEATH
			TATE CAUSE (o)	legant mu	larom		lan.
		Canditions if any, which gave	DUE TO, OR AS A CONSEQUENCE O	not to	· · · · · · · · · · · · · · · · · · ·	- I here	
		rise to immediate cause (a),	(0)	TIPE AND A	us lega	ne succe	V
		stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE C	r			
			ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1/6)	
		1909		HOT KEDNED TO THE TENN	ming graguat on conorri	on or all it made (fo)	
ı	CERTIFICATION	19a DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. A	UTOPSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
1	TIFIC			YES	NO [CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYI	NG 216 TIME OF INJURY	21c HOW INJURY	OCCURRED (Enter notur	e of injury in Port 1 or Port 2, It	lem 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Month Doy Yes	19			
	ME	21d INJURY OCCURRED 23e While Not while	PLACE OF INJURY (AT HOME, EARM, STREET, OFFICE BUILDING, ETC.		Street or R.F.D. No.	City or Town	County State
		at work at work					
		22a. I certify that (I) (th	his haspital) attended the decea	sed fram	, 19,	to, 19_	, that (I) (we) last
		saw the deceased of	his haspital) attended the decea alive an re, (1) (we) (did) (did nat) view th	_IY, and that in	(my) (aur) apinian	death accurred an the dat	e and haur and from the
ı		22b. SIGNATURE	(i) (we) (did) (did hal) view in	e budy uner death.	<u></u>		ATE SIGNED
١		EL PORTO DE LA CONTRACTOR DE LA CONTRACT	M.W. Gel	DEGREE PHYS	NDING MED.	R PHYS.	3-17-68
ı		22d PHYSIC,ANS		11111	ADDRESS DIEd		
		NAME (Type) NEVII	NSW Todd	M.D.	54	Jishury 1	MARY/ANd
	23a		DATE 23c NAME C	s treek sbyterian	X 23d	LOCATION (City or Jawn)	(County) (State)
	_		-19-1968 Pros	byterian	Po	ocomoke City	
6	24.	FUNERAL DIRECTOR	ADDRE DO		2So REC'D BY REG		
	1/4	yever 1. K	Pocomoke	City, Md.	DATE MIAK Z	1 1968 xua	



		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	34945
de off.		DECEASED-NAME First MILDRED PAIGE 20 DATE OF DEATH Application MILDRED PAIGE Application MILDRED PAIGE Application MILDRED Applica	26. HOUR 3.55 PM
	3. SI	FEMALE WHITE January 7,1911 lost birthday) YRS. MONT	NDER 1 YEAR 1F UNDER 24 HRS HS OAYS HOURS MIN.
	(ดบเ	BIRTHPIACE (Stote or foreign USA B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED WICOMICO	Md.
within 24 within 7		Salisbury Penningula General Hospitan of working lite even it returned)	b. KIND OF BUSINESS OR NDUSTRY at home
ecuted w complete	130. adm	DESIDE RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CTYLLIMITS? 13e STREET AND NUMBER NOSSION) STATE Maryland 13b. COUNTY Wicomico Salisbury YES NO 607 Baker Street	t
e execut and com remove in any ev	14. !	FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle	Last
be in a		Grover Young Lena	Mears
ertificate by physician (pen please loval, and ii	16a.	o. WAS DECEASED EVER IN L. S. ARMED FORCES? Yes, no, or unknown} (tryes give wor or dores of service) 16b SOCIAL SECURITY NO 217-16-9432 Mrs. Virginia J. Taylor, Salisbury	
that the death con. by the attending transit permit. The		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Inse to immediate cause (o), stoling the underlying couse (ast.) (c) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ON ST AND DEATH J MONTH
The law attending has beer se as the h prior to	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO (AUTOPSY) 190 CAUSES OF DEATH?	DERED IN CERTIFYING
PHYSICIAN: 1 he hospital or this certificate letached for us s Dept. of Healt	MEDICAL CE	Or CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year 19	1B.)
ING PHYSICIAL by the hospital ffer this certificat be detached following	**	While Not while of work of wor	unity State
HOSPITAL OR ATTENDING age 4 may be retained by th FUNERAL DIRECTOR: After i irector, page 3 should be d hould be filed with the State		sow the deceased alive on19	——, that (I) (we) tast nd hour and from the
L OR ATTEN / be retained / be retained DIRECTOR: A gge 3 should lifed with the		226. ADDRESS / 226. A	SIGNED 68
O HOSPITAL Page 4 may O FUNERAL director, page	20	NAME (Type) /x1.17. STEPHANIDES /// DAVIS 51, SAK	I'EBURY MD
TO HOS	L	Burial March 9.1968 Wicomico Memorial Park Salisbury 10.	(State) (State) Md.
VR A15 (4) 30M REV 1/68	L	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 1968 REGISTRARS SIGN HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE	G. G.



CERTIFICATE OF DEATH Declaration Declar			MARYLAND STATE DEPARTMENT OF HEALTH	
L. DECEASED-MAME (Type or print) L. DEC			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
Type or opinit CARBUE COLLINS 3. SEX 4. RACE S DATE OF BRETH 6. AGE (In years local stars is under 24 res. local stars in under 24 res. local stars in use 25 min. 7. BIRTHPLACE (Stote or foreign country) 7. CITIZEN OF WHAT COUNTRY? 8. MARRIED REVER MARRIED PROCENTY of What Country of wear of what we country were country with the country of wear of what were country with the country of wear of wear of wear of what country is country of wear o			CERTIFICATE OF DEATH	14941
70. BIRTHPLACE (Stote or foreign to country) To be described to country e Te				
70. BIRTHPLACE (Stote or foreign to country) To be described to country pap EEE	1	YOU OF DOME COLLINS Wiley March 31	1907 5 75 M	
70. BIRTHPLACE (Stote or foreign to country) To be described to country F 2	3. SI			
A SECULATION OF DEATH SALIS DUTY 10 CITY OR TOWN OF DEATH SALIS DUTY 130. USUAL RESIDENCE (Where deceased lived, if institution, Revidence before 13c CITY OR TOWN SALIS DUTY 130. USUAL RESIDENCE (Where deceased lived, if institution, Revidence before 13c CITY OR TOWN SALIS DUTY 130. USUAL RESIDENCE (Where deceased lived, if institution, Revidence before 13c CITY OR TOWN SALIS DUTY 130. USUAL RESIDENCE (Where deceased lived, if institution, Revidence before 13c CITY OR TOWN SALIS DUTY 14. FATHER'S MANNE First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 16. SOCIAL SECURITY NO 17 INFORMANT Address For no, or orderown III yes you was ordered at your				WINZ DATZ MODICZ MIN.
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	4 no		MAKKIED MEVER MAKKIED	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	2 8 2 Z 2 Z 2 Z 2 Z 2 Z 2 Z 2 Z 2 Z 2 Z	COU	DELAWARE USA WIDOWED DIVORCED Wicomico	Md.
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	h par	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a USUAL OCCUPATION (Kind of work done	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	with value of the state of the		Salisbury Feninsula General Hospital of warking life, even it refired.)	INDUSTRY
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	ed v		USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY LAITS? 13e STREET AND NUMBER	-7.
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	compose / eve	U	" BEAFORD TISE OF ARKET	SIRKEI
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	nd composition of the	14.		Lost
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	n al	L		WILEY
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	cate Sicia Seas			AD 4. 4AD
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	phys en p rval		WE - 221-10-0482 ARINITHA J. WILEY SEAR	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	ng The		DARY I DEATH MASS CALLETO DV	BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	and:	1		Jd 145
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	atte d atte perr	1	Due to, on no no notice dis-	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	th the the sit mati	L	Conditions, if any, which gave) (b) Arteriosclerosis	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	the day		storing the underlying couse? DUE TO, OR AS A ₃ CONSEQUENCE OR	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \	rres ysidi ned ial-d ial,	1		
NO DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	sign phy		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
19d. Date of operation 19d. Condition for which operation was performed 20d. Autopay? 22d. Autopay?		종	100 ALTER OF DEPOSITOR AND CONDITION FOR HARD FOR HARD FOR THE PARTY OF THE PARTY O	CIDEDED IN CERTIFICIA
21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 10 10 10 10 10 10 10 1	e la tend ss b as as pria	3	CALKES OF DEATH?	SIDERED IN CERTIFYING
The contribution of the co	Frage X	EE		- 101
The part of the pa	Figure 1			n 18.j
220. I certify that (I) (this hospital) attended the deceased from 2 - 19 / 10 / 10 / 19 / 10 / 10	SICI spit spit entif ed af	ğ	(If either, notify medical examiner) P.M. 19	County State
220. I certify that (I) (this hospital) attended the deceased from the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the body ofter death. 220. SIGNATURE 220. SIGNATURE 220. DATE SIGNED DEGREE PHYS DIRECTOR DI	HY is contact tach Sept	-	771110	Coonly Stole
sow the deceased glive on causes stated above, (I) (we) (did) (did nat) view the body ofter death. 226. I certify from (i) (first hospital) oftended the deceased from the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the body ofter death. 226. SIGNATURE 226. DATE SIGNED DEGREE PHYS 227. DATE SIGNED 228. ADDRESS 228. ADDRESS	the Delay	ı	at work — at wor	Coppet (1) (ma) land
causes stated above, (I) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE DEGREE PHYS DEGREE PHYS 22c DATE SIGNED	DIII by be be Sto		sow the deceased glive on 3 = 3 and that in (my) (aur) abinion death occurred on the date	and haur and from the
DEGREE PHYSICIAN'S 22b. SIGNATURE 22c. DATE SIGNED	S. S		causes stated above, (I) (we) (did) (did nat) view the body ofter death.	
DEGREE PHYS 224 PHYSICIAN'S 226 ADDRESS 227 PHYSICIAN'S	I S D S E		ATTENDING AND CONTACT OF LAST	TE SIGNED
226 ADDRESS 226 ADDRESS 226 ADDRESS	DIRI DIRI Je 3		DEGREE PHYS DIRECTOR - PHYS - 7	-1-60
	SPITAL 4 may VERAL I or, pag Id be fil		220 PHYSICIANS NAME (Type) 220 ADDRESS 5ALISBURY MARRIAND	
220 BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. OCATION (City of Town) School (Stote) APRIL 3, 1968 ODD FELLOWS CEMETERY SCIAPPO NETALIARE	A n WER tar, ild b			
230 BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) School (Store) APRIL 3, 1968 ODD PEZLOWS CONCTON (CITY or Town) SCHOOL (Store)	FU FU irec	230	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Youn) Sc	
24 CINETAL DIDECTOR ADDRESS SCHOOL A	, ,_	24	EINEDAN DIDECTOR DEPTOR DELICITADO DE DECICIDADE CO	
30M REV 1/68 TOUNTHM. Watson-SOAFBIED DEL DAPR 5_ 1968 Clientes Judge.	VR A15 (4) 30M REV 1/68	24		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 54948 . DECEASED-NAME 2g. DATE OF DEATH 2b. HOUR death. 24 haurs after death (Type or print) Month IF UNDER 24 HRS DATE OF BIRTH IF UNDER I YEAR 3. SEX 6. AGE (In years last birthday) MONTHS 20 YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) DIVORCED WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of warking life, even if retired give street address) campleteny burial, crematian, ar remaval, and in any event, 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN requires that the death certificate be executed admission) STATE 13b. COUNTY NO remaye 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle ond physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, ap, of unknown) APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to l 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO [Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Not while at wark 220. I certify that (i) (this hospital) attended the deceased from 7-10 sow the deceased alive on 2-17 1968, and that in (ii) 1967,10 2-19 _19 (28), and that in (my) (40) apinion death occurred on the date and hour and from the couses stated obove, (I) (manual) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04949 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First Middle 2a. DATE KNOWN Month Doy 2b. HOUR (Type or Print) CARL ESTI-WILLIS OF DEATH MATED March 1968 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 6. AGE (In years S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 45 YRS Male Negro May 9, 1922 1068 8 AM 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country Georgia USA WIDOWED [DIVORCED [Wicomico IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR INDUSTRY Farming during most of working life, even if retired.) give street address) Sharptown R.F.D. along 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? death 13e. STREET AND NUMBER 13b. Wicomico odmission) Marvland Sharptown YES NO X RFD offer and 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Unknown Unknown hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no equaknown) (If yes more warmed ates of service) Unknown Sgt. Robert Weir, Md. State Police, Salisbury within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gave rise to immediate cause (a), should writing the word DUE TO OR AS A CONSEQUENCE OF stating the underlying cause = certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 nsed 190. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dev. Year 3 should 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town State County foctory, affice building, etc.) WHILE AT WORK AT WORK FUNERAL DIRECTOR: 220. I certify that I took charge of the remains described above, held an Autapsy Inspection -Inquiry ond in my apinion death resulted from: Natural causes Accident Suicide Undetermined monner Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY FO FUNER.
Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESSSWeet vity, town, or county NAME (Type) BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) March 11,1968 Rhodesdale, Maryland, Rhodesdale Cemeterv 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE rcharles 1 4 1968 J. J. Framptom and Son, Federalsburg, Maryland DAMMAR VR ATSME [5] 10M REV. 1/68

MAKTLAND STATE DEPAKIMENT OF HEALTH

	The same				22015
Fac Const					
S 10			1501 A	MII. 54	at division
					CF 100
	- HARLINGT				minis es aria
		in digner			le gran
ent Landin	rom in the	- W -			101
			11-11		
		5			
			100		
			4		
	tal months				
		baginast .cal	my Photographs		1 150 . 4 . 6

1,